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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF GEATH a. CDUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY								
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - 03 - /								
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?								
St. Joseph Hospital	8219 Belair Road, 21236 YES ND								
3. NAME OF First Middle DECEASED George T.	Adams 4. DATE Month Day Year Jan. 30, 1966								
Male White WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Win. Win								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saw Operator 13. FATHER'S NAME Millwork	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Harford Co., Md. USA								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
William J. Adams	Mary E. Ayres								
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY ND. 17. (Yes, no, or unknown) [(fyes give war or dates of service)]	ENFORMANT Address								
No 212-09-7732 Mrs	s. Julia C. Adams- 8219 Belair Rd.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive bilateral	cerebral hemorrhage								
33/X DUE TO									
Conditions, If any, which (b)									
gave rise to Immediate cause (a), stating the DUE TD									
underlying cause last. (c)									
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN factor while p.m. 19 at work at work	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)								
	21. I certify that (I) (this hospital) attended the deceased from Jan. 25., 1966, to Jan. 30, 1966, that (I) (we) last								
22a. SIGNATURE	22a. SIGNATURE 22b. DATE SIGNED								
22c. PHYSICIAP'S Reynaldo P. Madrinan, M.D.	22d Aboress York Road, 21204								
23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LDCATION (City, town or county) (State)								
Burial 2/2/1966 Belair Mem. G	Belair Maryland								
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
Leonard J. Ruck Inc. 5305 Harford Rd.	FEEB 3 1966 Charles Judge								

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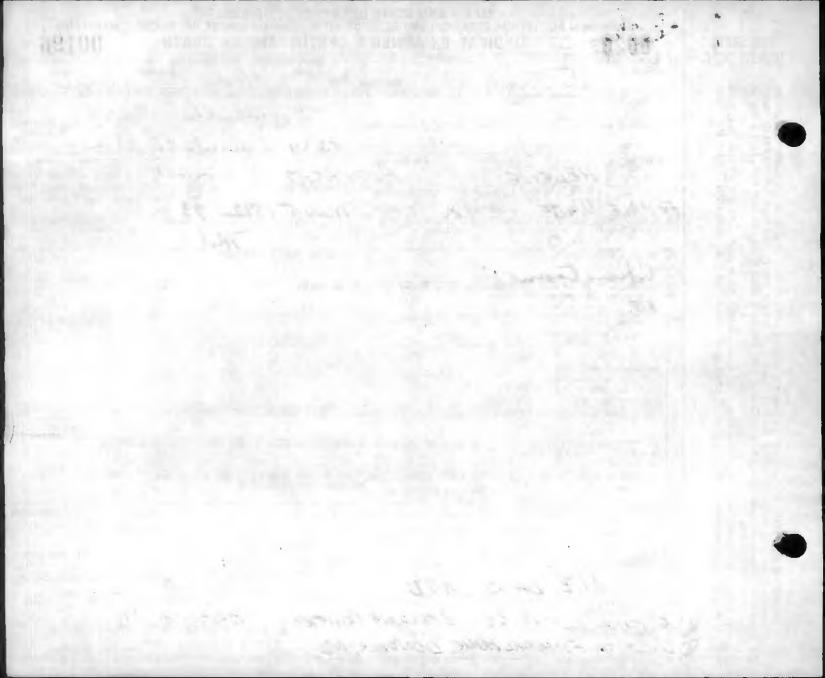
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MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND the funeral 5 may be Department after death. b-CJTY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b /Wylte RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE any delay is 7, 2, and 3 to t ON A FARM? State hours ND A Month NAME DE First Middle Last 4. DATE the 72 DECEASED (Type or print) 4.EN DEATH 19 2 with within 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS form 8, DATE OF BIRTH 7. MARRIED NEVER MARRIED Give Pages 1 iast birthday) Months Days Hours after death. WICOWED DIVORCED [and 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? OME 15 A EXAMINER: This certificate should be executed within 24 hours after certificate, writing the word "pending" in pencil in Item 18. Git hould be forwarded to the Chief Medical Examiner's Office atoms. pages in an 13. FATHER'S NAME MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT " in pencil in Examiner's Of (Yes, no, or unknwn) (If yes give war or dates of service) permit. removal, MUCLEESE PriBECCA DUNDALL CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the word 52 underlying cause last, ed as burial WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? the certificate, writing the use YES NO F or or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 2Da. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 교통 CAUSE OF DEATH. 100 3 shou agent, MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While IRECTOR: Page its designated at work at work Inspection 21. I certify that I topk charge of the remains described above, held an Autopsy inquiry and in my opinion FUNERAL DIRECTOR: Health or its design Natural causes Suicide Homicide Undetermined manner death resulted from: execute the Your CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE director. Pag retained for DEPUTY MEDICAL EXAMINER 1 EXAMINER'S NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. DATE REMOVAL (Specify) of 0 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 24 VR A15ME 3500 4-64



TO HOSPITA AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 to be retained by the hospital or altending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
	OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
00284	CERTIFICATE OF DEATH	001

00003			OFICE III		L OI DEAIL	•			11111111111
I. PLACE OF DEAT	H				2. USUAL RESIDENC	E (Where deceased in	red, If institutio	n: Residen	ce before adm
a. COUNTY	2000				B, STATE		COUNTY		
Baltir			MARYLA		Maryland		altimo		
	if outside corporate limits d give nearast town)	4	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If		s, write RURAL	and give	nearest fown)
Baltir			2 days		Baltim	ore		0.3	-1
d. NAME OF HOSPI	TAL OR INSTITUTION (if	not in hos	pital, give street eddress)	d. STREET ADDRESS				e. IS RESID
	erry Road				Townbro				YES NO
NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	Day	Yeer
(Type or print)	Anto	nia	C.		Alcarese	DESCRIPTION -	anuarv	31	1966
. SEX			D NEVER MARRIED	T I R	DATE OF BIRTH		years IF UND		
	White	, MAKRIE	D NEVER MARRIED			last birt			Hours N
Female	write	WIDOWE	DIVORCED		7/29/1900	65	y13.	1	
Da. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	10b. K	IND OF BUSINESS OR IT	IDUSTR'	11. BIRTHPLACE (Count)	& Stale, or foreign co	ountry) 12.	CITIZEN O	F WHAT COU
At Home		'			Sicily			II S	.A.
FATHER'S NAME				-	14. MOTHER'S MAIDEN N	IA MF		0.0	* 7.7.
	37: Cl	C 1			THE INCHIENCE MANUELLA				
- Part	Vincent Che	etalu				Glo	rioso		
	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO.	17. I	NFORMANT	1	ddress		
No.	liyes give wer or dates of se		Mana	Cal		710/		-	1
	AND HOUSE OF A STATE OF THE STA		None	Sa.	lvatore Alca:	rese /106	Menna		
	DEATH [Enter only one	ause per i	ine for (a), (b), and (c).]	1	,1				ERVAL BETWE
PAKI I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Clase	en Curle	16	edes Varacel	N Alexan	. (
11221	-								
7221	DUE TO	1	1.						
Conditions, if any	Int.	CHY	eres ples	220					
(a), stating the u	ALIE WA								
cause lest.	(c)								
PART II. OTHER		ONS CON	TRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITIO	N GIVEN IN P		9. WAS AUTO PERFORMI
20a. ACCIDENT W	AS UNDERLYING [20b. DES	CRIBE HOW INJURY OF	CURED.	(Enter nature of injury in Pe	ert I or Pert II of item 1	B.)		
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER								
20c. TIME OF INJU	JRY Month, Day, Yaer				CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	(1	County)	(Ste
Hour e.m.	19	Whila el wor		parc 10	Wat tuesel' office energit errol	1			
7	that (I) (this hospite			from	Dusc/ 1	962 to 20	14	1966	hat (I) (we
saw the deceas					death occured at.3.				
22e. SIGNATURE		\			1				22b. D.
2	Duce & A	lus	mit.	M.	District Control	ED. STAFF			SI
22c. PHYSICIAN'S NAME [Type	, Ot		0		22d. ADDRESS Hero Lui	Northen	Porte	(25-00)	
Sm. BURIAL CREMAT	ION, 236. DATE THERE	OF	23c. NAME OF CEM	ETERY C	OR CREMATORY	23d. LOCATION (C	ily, town or co	unity)	(Stete)
REMOVAL (Specify)									
Burial	2/4/66		Lorraine	Mai	ısoleum	Baltimo	re, Ma	rylai	nd
AUTORAL DIRECTO	A SCHAJURE A AS S		ADDRESS		25a. REC'I	D BY REGISTRAR 25	b. REGISTRAR	S SIGNAT	TURE,
	Armacost 4	600 1	Liberty He	ight	S AVE. DATE F	Eb 4 196	6	ionelly	2 June

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00205 c	ERTIFICATE	OF DEATH	KLEI PRETIMONE I, I	00198
1.	BALTU. 34, MD.	MARYLAND	a. STATE	(A)	ALTIMORE
6	7 write DIDAL and give regreet town	GTH OF STAY IN 15		de corpórate limits, write RURAI	and give nearest town) 业 3 4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS	0 0	e. IS RESIDENCE ON A FARM?
	1720 YAKON	IA KD.	1726 YA	KONA RD	YES NO V
3.	NAME OF DECEASED (Type or print) DOMALO WAL	MIDDIO AL	151 671	DATE Month OF DEATH	Day Year 5 1966
5.	SEX 6. COLON OF PRACE 7. MARRIED NET	DIVORCED 3	DATE OF BIRTH	last birthday) Months 37 yrs.	Days Hours Min.
du	IS USUAL OCCUPATION (Give kind of work done line) 10b. KIND, OF I	BUSINESS OF THE	11. BIRTHPLACE (County &	And, o	OUNTRY?
13	3. FATHER'S NAME / EDVARD P	LLEN	14. MOTHER'S MAIDEN NA	M. BUCKE	-
15 (Ye			INFORMANT	Address ALLEN	NA PO
-	18. CAUSE OF DEATH (Englow on Cause per line for () PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	a), (b), and (c).]	Pliserse	of the	INTERVAL BETWEEN ONSET AND DEATH
	20/X DUE TO Conditions, If any, which	rechi sti	num wit	h metas-	I year
	gave rise to immediate cause (a), stating the underlying cause last.	tosis, a	fruitized		
CERTIFICATION	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
		E HOW INJURY OCCUP	RED. (Enter nature of Injur	y in Part I or Part II of Item 18	3.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY O While Not at work at		E OF INJURY (Home, farm, y, street, office bldg., etc.)	20f. (City or town) (Co	unty) (State)
-	21. I certify that (I) (this hospital) attended the		m. , 1964	2 to Jan. 5, 196	
		19 66, and that		M, from the causes and on	
	220. SIGNATURE Lebestan,	M.D.	ATTENDING MED.	STAFF C	DATE SIGNED
	PUBEN S. SEBASTIA	N, M.D.	JOPPA 2	OLD HAPFUPI	
23a	REMOVAL (Specify)	NAME OF CEMETERY			
		oreland Mem		Parkville, Maryl REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	m. CookBrooks Towson 1050 5	York Rd. Maryland 2	1204 DATEAN 1	1 1966 gellere	es Jusque.

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กลอส	£		CERT		TE OF DEATH		-		. 111	110
1. PLACE OF DEA o. COUNTY Haltin	re ore			TYLAND	2. USUAL RESIDENCE (WI		l lived. If institut b. COUNTY	Reg. Diston: Residence Balt		ussion)
B. CITY OR TOT RURAL and S RUBAL	VN (If outside corporate line negrest town). Caponsville	nils, write c	LENGTH OF STA	Y IN 16	c. CITY OR TOWN (IF C			RURAL ond gi	ive nearest to	wn]
d NAME OF H OR INSTITUT Shangt	SPITAL (If not in hospitol, ION La Nursing	give street odd Home	dress)		d. STREET ADDRESS 2415 N. Rol	ling R	d.		ON	ESIDENCI A FARMI
3. NAME OF DECEASED (Type or print)	Appl	E by	A D	_	last	4. DATE OF DEATH	Mo]	nth	2.3	Year 19 6
5. SEX	6. COLOR OR RACE	WIDOWED		ED 🔲	3. DATE OF BIRTH Jan 14-1889		9. AGE (In years lost bythdoy) yrs.	Months	Days Hour	
Parting most o	working life, even it retired	d)	ND OF BUSINESS		TRY 11. BIRTHPLACE (Stole Maryland	ar foreign co	ountry]		ZEN OF WH.	AT COUN
13. FATHER'S NAM	dore Myers				14. MOTHER'S MAIDEN N		ontz			
15. WAS DECEASE	DEVER IN U. S. ARMED FO		3-36-1389		Wm. T. Appl	eby 24		lling	Rd #7	7
Conditions, gave rise cause (a), str lying cause	to immediate DUE To ling the <u>under-</u>	b) P	NERA NTRIBUTING TO D	SON Liza	DISEA DISEA DISEA TO ARTE	rios	CONDITION OF		PERI	
20d. ACCIDEN OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY	OCCURRED	. (Enter noture of injury in	Part 1 or Part	II of item 18.)			
Hour o	NJURY Month, Day, Yo 11. 19	While _	Not while at work	20e. PLA fac	CE OF INJURY (Home, farm lary, street, office bldg., etc	, 20f. (City	or lown]	(C	ounty]	(\$10
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Quin Val	1260 VALL	E CAL	JER	0 RAN	AM, from ADDRESS (5) - (ben ball	reel, city or lown, LTY R STOLUTY	and an th state) of Ma	e date sta	e decented about 516 and 516 a
BENCHIS			Meadow		crematory Cemetery		ion (City, fown,	or county)	Md. (SI	ate)
	TOP'S SIGNATURE	728	ADDRESS ACCE TO	the state		BY REGIST		ISTRAR'S SIG		1



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

I_	00000				OFVIII	IUAI	C OF BEATT	1			- ()	UZ	1111	
1.	PLACE OF DEAT 6, COUNTY	Н					2. USUAL RESIDEN	CE (Whe	re deceased lin	red, (f insti	tution: Re	sidence	before at	lmissign)
٦	0. COUNT	Baltin	nore		Mac	RYLAND	e. STATE	aryla	and	b. COUNT	Ch	arle	9 e	
-	b. CITY OR TOW	/N (if outside	corporate lin	níts,	c. LENGTH OF ST		c. CITY OR TOWN (II	-		Imits, write				st town)
	Catons	and give пе.	arest town)		22yr6mth2	dare	Waldorf.							
-			ISTITUTION (I	not in he	ospital, give street	address)	d. STREET ADDRESS	-	y zana		<u>" </u>	1 0	IS RES	IDENCE
1		GROVE	STA TE		PITAL	4401000)							ON A	FARM?
3		0100 111		11001			none						ES 📗	NO L
1 3	NAME OF DECEASED		First		Middle		Last	4. D	F	Month		Day	Yea	
1	(Type or print) SEX	6. COLOR C	Carl		В.		Bachmeier	D	EATH	Janu	- 4	1	19	66
1			' ' ''	MARRIED			B. DATE OF BIRTH	100	9. AGE (I	n years II rthday) N	On the	Days	Hours	24 HR3.
	ale	white		IDOWED	DIVORC	_	Nov. 15, 18		07	yrs.				
du	ring most of work	ing lite, even	a of work done I If retired)	10b, K	IND OF BUSINESS ON THE STREET OF THE STREET	OR	11. BIRTHPLACE (C	iounty &	State, or foreig	in country)	12. CI	TIZEN O Untry:	F WHAT	
_	butche			1			German	. 67				. S.		
13	B. FATHER'S NAM	1E					MOTHER'S MAIL	DEN NAM	/IE					
	Carl	DAC	HIME	IEP	2		Kelmiund	E Og	ermull	er				
1	5. WAS DECEASED es, no, or unknown)	EVER IN U.S. A	ARMED FORCES		SOCIAL SECURITY		INFORMANT			Address				
	ınknown	The second		57	78-05-1676	Re	cords: SPRI	ING	GROVE	STAT	PE H	0St	ITAL	
	18. CAUSE OF	DEATH [Ente	r only one car	ise per li	ne for (a), (b), end	(c).1					-	INTER	VAL BE	TWEEN
	PART I. DE	EATH WAS CA	USED BY: E CAUSE (a)_	Ca	arcinoma d	of lur	ngs					ONSE	T AND I	DEATH
П	16	THINEDIAL	, ,							<u> </u>				
	Conditions, If	any, which) (b)_											
	gave rise to		DUE TO									-		
	cause (a), st underlying caus		(c)_											
No.	PART II. OTHER S	SIGNIFICANT	CONDITIONS	ONTRIBU	TING TO DEATH BUT	NOT RELA	TED TO THE TERMINAL I	DIŞEAŞE	CONDITION	IVEN IN PA	ART 1(a)		WAS AU	
CERTIFICATION													PERFOR	MED?
悟	20a. ACCIDENT	WAS UNDER	LYING []	20b. D	ESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	finlury	In Pert I or	Part II of	Item 18.)	1 120		110
띰	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	ING 🗀 CAUSE Tify Medica	L OF DEATH L EXAMINER)								,			
	20c. TIME OF			1 20d. II	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, fr	arm 2	Of. (City or	town)	(Cour	ntv)	15	state)
MEDICAL	Hour e.n	n.		While	- Not While -	facto	ry, street, officebldg., e	tc.)	011 (010) 01	conn	(000)	,	10	,
Σ	p.t		19	at work	et work		0.0	1	7	7				
L				attende	ed the deceased	from	death occurred at	9,113	to Jai	1. 1				ve) last
	saw the dec		e on_Jan	<u></u>	19.00	and that	death occurred at	70	, from the	causes ar	1d on the			above.
	22a. SIGNATOR	N.C.	Sto10.	1/1	achele		BILLENDING	MED.	- SIA	ir — I		_ /	,	
L	22c. PHYSICIA	M'S	0/000	- 10	and	M.D		DIRECTO			TATE	3-60	o DSPI'	TAT
L	NAME (T)		Stella	Wacl	hsler. M.	D.								1 Ala
23	a BURIAL, CREW	IATION L 22h	. DATE THER					-		Maryl		2122		-4-1
23	REMOVAL (SDE	ecify)		,	ST.	EIMETERY	OR CREMATORY	230	LOCATION	100	or cour	ILY)	MIST	ate)
2	SUSIAL DIRE	-	3-00	5	ADDRESS	e/4	√ S	C'D BY	REGISTRARI	25b. REG	ISTRAR'S	SIGNA	TURE	/
	11	#1	0.111	James 1	Though	210	20 1/1	199			-	Jus		
Ľ	runce	juin	was n	CINU	- Juca	2	MAY MAN	1	1966	11	rue	1	1	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

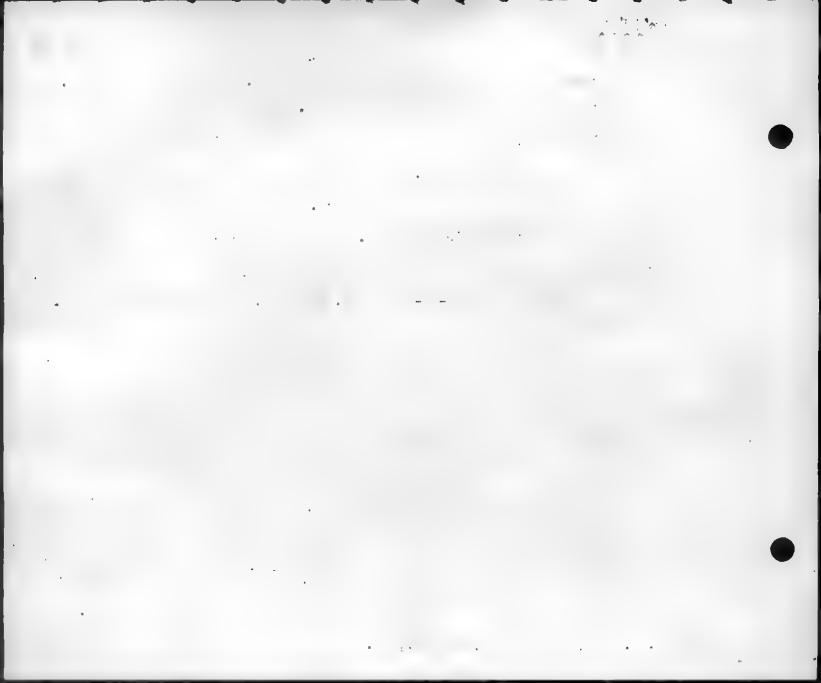
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician—and completely filled in by the funeral—director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it are within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND LOCAL DESCRIPTION OF STATISTICAL RESEARCH AND RECORDS AND RESEARCH AND RESEARCH AND RESEARCH AND RESEARCH AND RECORDS AND RESEARCH AND RECORDS AND RESEARCH AND RESEARCH AND RESEARCH AND RESEARCH AND RECORDS AND RESEARCH AND RECORDS AND RESEARCH AND RECORDS AND RESEARCH AND RESEARCH AND RECORDS							
a. CDUNTY Baltimore MARYLAND a. STATE Maryland D. COUNTY	5						
MARYLAND MARYLAND	ssien)						
TO CATE OF TRUMP (IS Autoide convente tier).							
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest to Baltimae 30	own)						
	FNOF						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Spring Grove State Hospital 1639 Belt Street VES NO	M?						
3. NAME DF DECEASED (Type or print) Marie W. Bailey DEATH January 2 196							
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. ACE (in years if under 1 years if under 14 Acuts of Months Days Hours I	4 HRS Min.						
DIVORCED Feb. 22, 1896 60 yrs. 10a, USUAL DECUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or type of great or type of the country) 12. CITIZEN OF WHAT							
during most of working life, even if retired) INDUSTRY COUNTRY?							
housewife Maryland U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	_						
John Ireland Margaret							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) 215-09-4348							
unknown 228 3,15							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWOONSET AND DEA	EEN ATH						
IMMEDIATE CAUSE (a) TREATY TALLETTE	_						
Conditions, if any, which DUE TO Cronclied pneumonia							
gave rise to immediate cause (a), stating the DUE TO							
underlying cause last. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORME	D7						
YES NO VES NO) X						
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, learn, lear	te)						
	Local						
21. I certify that 20) (this hospital) attended the deceased from May 15, 1950, to forward 2, 1966, that 10 (we) saw the deceased alive on January 2, 1966, and that depth occurred at 1140 M, from the causes and on the date stated at							
22a. SIGNATURE (22b. DATE SIGNE							
Stilly Wachiler M.D. ATTENDING MED. STAFF 1-4-66							
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITA Baltimore, Maryland 21228	L						
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State	e)						
Burial 1-5-66 Glon Haven Morn Pittle Tilen Burnie Md. 24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR'S SIGNATURE							
Flynn & Fleming Funeral Home 1422 Light St. DATEN 5 1966 Plant Judge							

VR A15 (4) 20M 1/65



	Ī	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
- = 0 -	54,	CERTIFICATE OF DEATH	0202
24 hours after death. filled in by the funeral appers. Pages 1 and 2 n 72 hours after death.		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. COUNTY a. COUNTY b. COUNTY	e before admission
he fu		Baltimore MARYLAND Md. Balt	O .
s af by t Page Irs a		write RURAL and give nearest town)	ING Deglest tout
hour d in crs.	-	Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENC ON A FARM?
		4 Enchanted Hill Road 4 Enchanted Hill Road	YES NO
ath certificate be executed within 24 hours after attending physician and completely filled in by the farmit. The places remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after	3	NAME OF First Middle Last 4. DATE Month Deg OF OF OF DECEASED OF DEATH Jamuary 17.	-
ed w ompl		5. SEX 6. COLOR OR RACE 7 MADDIST TO NEVED MADDIST T 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR	1966 RIJF UNDER 24 HR
ecuti nd co move		Male White WIDOWED DIVORCED Nov. 16, 1894 71 yrs. Months Days	Hours Min
e ex	1.0	(0a, USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN COUNTR	OF WHAT
ysical please		Receiving Clerk for Franklin Balmor Co. Baltimore City USA	
tiffica for ph noval		Howard Baker Mary Eppers	
cer endir t. T		15 WAS DECEASED EVER IN IL S ADMEDIENCES? 1 16 SOCIAL SECURITY NO. 1 17 INFREMANT Address	
the attent it permit.		Yes, no, or unknown) (If yes give war a dates of service) 216-09-4093 Mrs. Evelyn R. Baker Owings Mills,	
J- 2- 07 I-		IS ON	ERVAL BETWEEN
res that the physician. signed by ti purial-transit burial, crema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO DUE TO	21.042.2
ires th physic sign burial		Conditions, If any, which and Michigan McColling Conditions, If any, which) years
requir ding p been the bi		gave rise to immediate cause (a), stating the DUE TO	0
law re ttendii has be as th	1	underlying cause last.) (c)	
N: The latal or at ifficate heror use for use		N N	PERFORMED?
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre		20a. ACCIDENT WAS UNDERLYING COURSED. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAU	
PHYSICIA the hospi this cert detached e Dept. of			(State)
L OR ATTENDING PHYS by be retained by the I BRECTOR: After this age 3 should be detai		2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) 40 41 42 43 44 45 45 45 45 45 45	
CDINI Red b and b		21. certify that (1) (this hospital) attended the deceased from 1 - 10 1966, to 1 - 17, 1966	that (I) (we) la
etair CTOR STOR		saw the deceased alive on 1 - 14 19 do, and that death occurred at 4 AM, from the causes and on the da	ite stated abov
DIRECT NOT A DIRECT NOTA DIRECT NOT A DIRECT NOTA DIRECT		Affice & Talellan M.D. ATTENDING MED. STAFF DIRECTOR PHYS. Director	17196
MAY MAY RAL I	1	22c. PHYSICIAN'S 22d ADDRESS ADDRESS ADDRESS 22d A	17:37
O HOSPITAL Page 4 may O FUNERAL I director, pai		Wisher y range	(State)
Page Triple		Burial cremation, 236. Date thereof Burial (Specify) Burial 1/20/66 Baltimore National Cemetery Baltimore Md.	
	1x	24. FUNERAL DIRECTOR ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	NATURE
VR AI5 (4)	17	J. F. Eline & Sons Reisterstown, Md.	- A



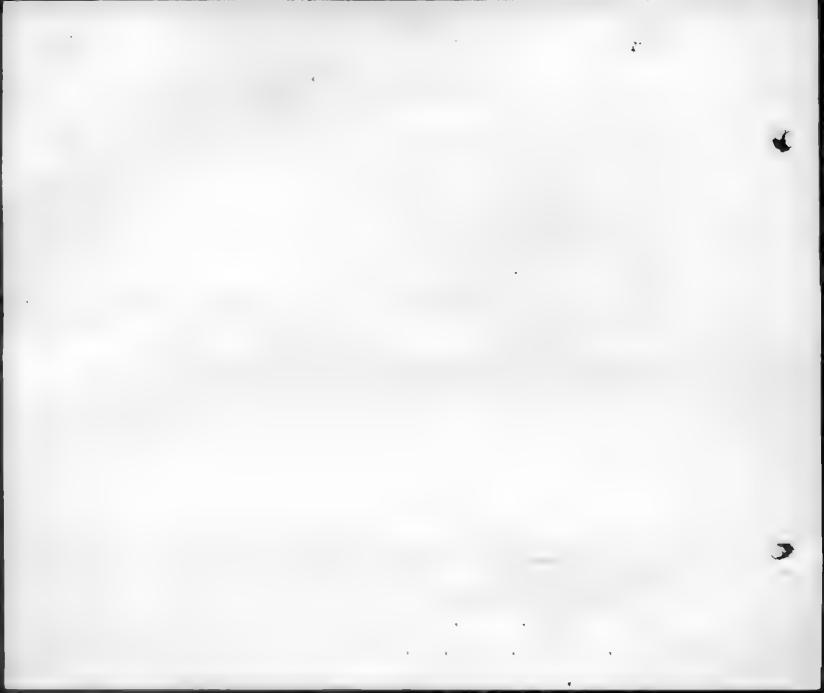
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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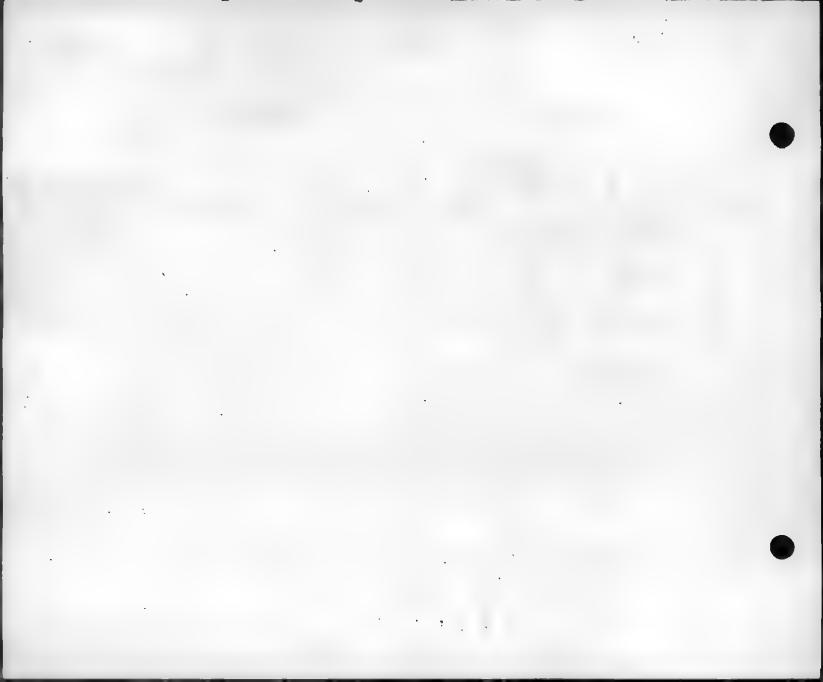
	o. COUNTY	BALTI	MORE	MARY		o STATE	Where di		If institution: COUNTY	Residence be	FNS '	(B)
	CITY OR TOWN	nearest town)	rate limits, write	c. LENGTH OF STAY	.	c. CITY OR TOW		corporote lim	nits, write RUR	AL and give	nearest town)	
	or institution	IBVIEW	LANE, T	theenix M	d	JIO9	31 STA	ve Ja	ickeon t	leights.	ON A F	
-	NAME OF DECEASED (Type or print)	JEAN	first]	Middle	BALT	NASZAN	0 4.8	ATE OF DEATH	Janua		Bay 's	966
L	FEMALE	6. COLOR OF	E WIDOWE		· - SE	PT 4, 1	910	55 % AGI		Aonths Day	AR IF UNDER	24 HRS Min
	during most of wo	ION (Give kind of the hind of	of work done 10b. I	DRUGSTOR	R INDUSTRY	NEWY		eign country)	١٧.	12 CITIZEN	OF WHAT CO	UNTRY?
	FATHER'S NAME	co \$	ampog.	NE			LINE	R	MAMO			
	WAS DECEASED EV	ER IN U.S. ARM	dotos of service)	SOCIAL SECURITY NO	17 INFOR	A [a Mary	Valle	40 C	lubVien	La. Ph	00 N
		ATH [Enter only	11	e for (a), (b), and (c).	* A	101	J				NTERVAL BET	
	Conditions, if gove rise to cause (a), stating lying cause lost	any, which) immediate (g the <u>under-</u> (DUE TO	DOCKINS			KSE/N)	MATEL	>		1 year	Prof.
ICATION	PART II O	THER SIGNIFICAL		ONTRIBUTING TO DEA	ATH BUT NOT	RELATED TO THE	E TERMINAL C	DISEASE CON	DITION GIVEN	IN PART 1(o	19 WAS AI PERFOR YES	MED?
CERTIF	200 ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG [] CAUSE OF Y MEDICAL EXAM	DEATH VINER)	RIBE HOW INJURY O	CCURRED (E	nter noture of inj	ury in Port I	or Port II of i	tem 18.)			
MEDICAL	20c TIME OF INJU Havr o. m. p. m.	•	oy, Year 20d. IN While at wark	JURY OCCURRED Not while at work		OF INJURY (Hom- street, office bld		f (City or tow	n)	(Caun	ty)	(Stote)
	saw the decea		1 a 1	ed the deceased		t accurred at	1966.				that (I) (wate stated o	
	22a. SIGNATURE	6	HowryL	me Corb	le mo	ATTENDING PHYS	MED. DIRECTO	OR PHY	FF S .		1-28-	DATE SIGNED
	72c PHYSICIAN'S NAME (Type)	HENRY	Le ME C	PORKLE M	D	72d ADDRESS		LE PIKE			/ /	L
230	BLR AL, CREMATI REMOVAL OPECIT	ON 236 DATE 2/1	166.	St. Rays	nond	s (emet	M	LOCATION				
Z	FUNERAL DIRECTO	R'S SIGNATURE	Inc. B	alto. Md.	. 212	74 250	RECTABLY		25b REGISTI	ÁR'S SIGNÁ	TURE -	Ch.

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss after death. Page 4 may be retained to the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in., the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the Stale Board at Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
	₹ 2°4 →	0211 CERTIFICATE OF DEATH	114
	funeral and 2 ir death.	ACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY b. COUNTY	before admission)
	ited within 26 hours after death completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death	CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give	e nearest town)
	hours ed in ers. F 72 hou	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 0. 4. 6.	IS RESIDENCE
7	Fried Page		ON A FARM?
	with pletel carbon nt, wi	AME OF First Middle Last 4. DATE Month Day OF DEATH	Year
	executed withing and completely beneve carbon prans any event, within	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR last birthday) Months Days	
	ciar are ase not in an	SUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN 0 COUNTRY?	FWHAT
	cate t physic plea ral, an	ATHER'S NAME 14. MOTHER'S MAIDEN NAME	·H,
	certifi ding Ther remov	AS DECEASED EVER IN U. SLARMED FORCES? 16. SOCIAL SECURITYNO, 17. INFORMANT Address	
	To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (If yes give war or dates of service)	
		PART I. DEATH WAS CAUSED BY:	T AND DEATH
		1735 IMMEDIATE CAUSE (a) PESPITATUTY TAILUTE 10) /
	equire ing ph ieen s ieen s he bui to bui	enditions, If any, which the same of the s	-days
	law re ttend has b as t prior	nderlying cause last. (c) Denature deliver 2 ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119.	WAS AUTOPSY
	The all or a ficatum or use Health	Y A M P	PERFORMED?
	iclan certi certi thed f pt. of	Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) R CONTRIBUTING CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER) 10 11 2	
	PHYS y the I er this e detact ate Dep	C. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. While Not	(State)
	INDINI Ined b R: Aft wild be the St	21. I certify that (I) (this hospital) attended the deceased from 1/25 30, 1965, to 1/47, 1, 1966, that	nt (I) (we) last
	R ATT e reta RECTO 3 sho with	saw the deceased alive on 1966, and that death occurred at 57 PM, from the causes and on the date 2a. SIGNATURE 22b. DATE SIGN	
	TAL OI may b AL DII page e filed	PHYSICIAN'S M.D. ATTENDING MED. STAFF M.D. PHYS. MED. STAFF M.D. PHYS. M	66
	HOSPITAL age 4 may FUNERAL rector, pa	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Buil 1-4-65, mendowordge Elkridge K.	1
	VR A15 (4)	FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNA DAJAN 5 1966	dge
	20M 1/65	1-17259,	



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MARYLAND STATE DEPARTMENT OF HEALTH TIMORE 1, MARYLAND

	HISTICAL RESEARC	H AND RECORDS,	301 W. PRESION 3	IKEEI, BALIIMUK
00212	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH
A 7007				

	00212 MEDIC	AL EXAMINER'S	CERTIFICATE OF	DEATH	00205					
1	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where	deceased lived, If institu	tion: Residence before admission					
4	Baltimore	MARYLAND	Maryland	b. COUNTY	Baltimore					
	b. CTY OR TOWN (if outs de corporate limits, write RURA), end give nearest town) OCK LYSUL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside or	orporate limits, write RUR SUILLE - rural	AL end g ve neerest lown)					
	d. NAME OF HOSPITAL OR INSTITUTION (If not	in hospitel, give street address)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?					
Н	454 Tyrie Road		454 Tyrie Rd.		YES NO X					
	3 NAME OF First DECEASED	M ddle	Lasi 4 DATI		Day Yeer					
	(Type or print) DONA *DONA 5. SEX 16. COLOR OR RACE 7 14	* MAY	BAREHAM DEA!	1	12 19 66 NDER 1 YEAR IF JNDER 24 HRS.					
	C1	AND AND THE PROPERTY OF THE PARTY OF THE PAR		(a t birthday) Mon	ths Deys Hours Min.					
	10e. JSt-AL OCCUPATION (Give kind of work 1	OWED DIVORCED NO	ov. 24, 1888 Y 11 BIRTHPLACE (State or foreign:	1 777 yrs.	2. CITIZEN OF WHAT COUNTRY					
	nousewife working I fe, even f retired)		Maryland		U.S.A.					
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		the same broken w					
	Joseph Freeland		A.	Nace						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURTY NO. 17.	NFORMANT	Address						
	(Yes, 160 unkown) (If yes give wer or detes of service)	None Mr	. Robert Bareham,	Same as #	2					
	18. CAUSE OF DEATH Enter only one cause	per lina for (a), (b), and (c),]			INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	assive subarachno	oid hemorrhage							
		- Charles and -								
1	Conditions, if eny, which (b) gave rise to immediate cause									
	(e), staling the undarlying DUE TO				1					
	PART II. OTHER SIGNIF, CANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN	PART 1(e) ; 19. WAS AUTOPSY					
	Anteriogoleratio on	ndiminantar dia	777		PERFORMED?					
	E 20a. EXTERNAL CAUSE WAS 20b. D	AT LET TOSCIETOLIC CATALOGO ASSCULAT GISEASE 20. EXTERNAL CAUSE WAS 20. EXTERNAL CAUSE WAS 20. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Hem 18.)								
- 1										
			CE OF INJURY (Homa, farm, 20f. (epry, street, office bldg., etc.)	City or town)	(County) (State)					
	☐ Hour a.m. 19 9	While Not While tech								
1	21. I certify that I took charge of the	remains described above, he	ld an <u>Autopsy</u> XX. Inspection	on , Inquiry	and in my opinion					
1	death resulted from: Natural causes	X. Accident . Suic	ide 🔲, Homicide 🔲, l	Indetermined manne	ur 🔲					
	ACTUAL ACTUAL	7	CHIEF MEDICAL EXAMINER							
1	SIGNATURE	una	_ M D. ASSISTANT MEDICAL EXAM		DATE SIGNED					
	EXAMINER'S Rudiger Breit	enecker, M.D.	Address (Street, city, town,		1-12-66					
	226. BURFAL, CREMATION, 225 DATE THEREOF	22c. NAME OF CEMETERY OF		ATION (City, Iown, or so	ountry) (Steta)					
	Burrant (Specify) Jan. 15, 19	66 Poplar Grove	Cemetery Bal	timore Go.,,	Maryland					
	23. FUNERAL DIRECTOR M. Cook - Brooks Towson	1050 York Read	246. REC'D BY REGI							
1	III. GOOK - DI GOKS IOWSOII	Toucon Monulana	. JAN 17 1	956 / Cin	les Judge					

Towson, Maryland

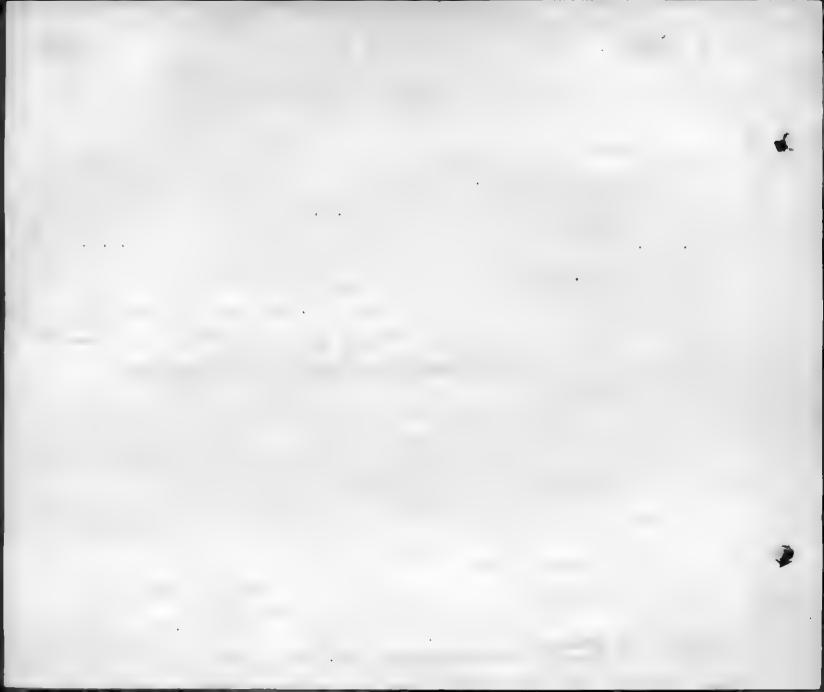


AND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH should I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission, e. COUNTY b. COUNTY by the and 2 death. MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write-RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not e. IS RESIDENCE in hospital, give street eddress d. STREET ADDRESS ON A FARM? YES NO X Washington Avenue nplete' 3. NAME OF Middle 4. DATE DECEASED DEATH (Type or print) 1966 9. AGE (In years IF UNDER 1 YEAR) 5 SEX 6. COLOR OR RACE IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED last birthday) Months WIDOWED [DIVORCED 63 10s. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? . 11. B.RTHPLACE (County & Stelle, or lore, on country) during most of working life, even if retired) physic 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) | (Hyes give we rordates of service) 18. CAUSE OF DEATH [Enter only one cause per I ne for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(4) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. Jan 21 19 6 Chat (1) (we) last 21 I certify that (I) (this hospital) attended the deceased from LIBECT 19.6 6., and that death occured at PAM, from the causes and on the date stated above saw the deceased alive on. 22a SIGNATURE 22b. DATE SIGNED ATTENDING MED. O FUNERAL.
director, page 3
be filed with th PHY5. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) CHARLES L. BALL, JR. 123c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 236 DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) LOUDON PARK CEMETERY ${ t BALTIMORE}$. MARYLAND Ĕ BURTAL 1/24/66 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 15M 7 61 HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY Baltimore MARYLAND Marvland Baltimore b. CITY OR TOWN (.f outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 15 write RURAL and give nearest lown) ${f Baltimore}$ 9 vears Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARMI 3622 Sylvan Drive 3622 Sylvan Drive NO X completel, 3. NAME OF 4. DATE Middle Morth DECEASED OF (Type or print) DEATH Charles A. Barton January 1, 19 66 6. COLOR OR RACE 7, MARRIED NEVER MARRIED 5 SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR, IF UNDER 24 HRS. pue last birthday) Months Days Hours White Male WIDOWED [DIVORCED Oct. 8. 10a USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physi U.S.A. B. & O. Railroad Galion, Ohio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles L. Barton Myrtle Slavman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes give we rordates of service) Margaret Y. Barton 3622 Sylvan Drive None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16. 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 1 20f. (City or lown) Month, Day, Year [County] (State) fectory, street, office bldg , etc.) While Not While WED Hour e.m. at work et work p.m. CIOR saw the deceased alive on....... DIRE 22b. DATE ATTENDING STAFF GNEE PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN NAME (Typa) director, I 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b DATE THEREOF (State) REMOVAL (Specify) Burial Woodlawn Cemetery Baltimore, Maryland ADDRESS DIRECTO 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7/61 rmacost 4600 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

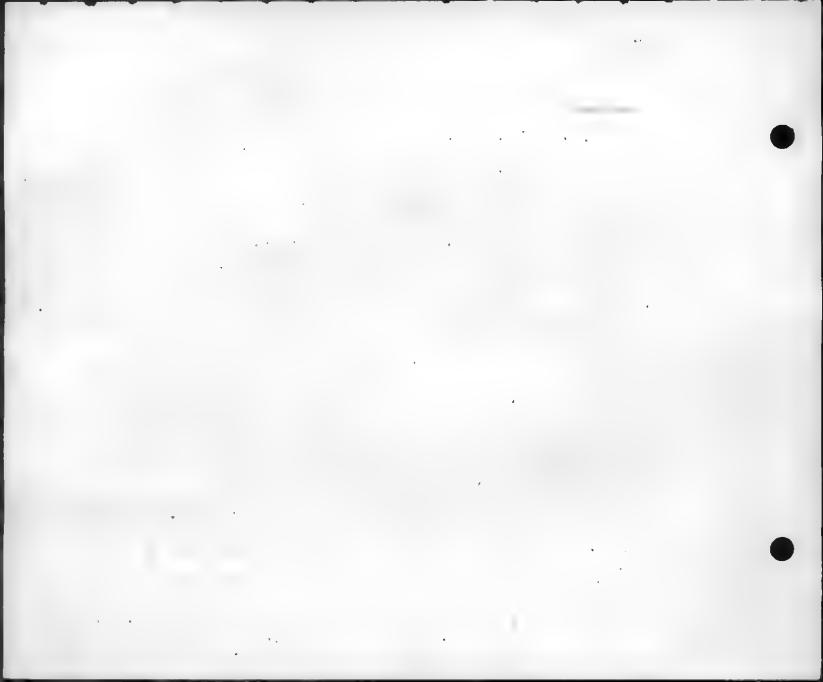


Page 4 may be retained by the nospital or attending proposory.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending hysician and concluded in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove parbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO FULL OR XTERIUM OF VYSILIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00215
CERTIFICATE OF DEATH

	17 17 127								
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Planyland b. COUNTY Limore								
b. CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
15443614	Baltimore								
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Josephos Hospital	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?								
	1537 Covington Street YES No ⊠								
3. NAME OF JOSEPH MINDLE	BAUMANN 05 Month Day Year								
(Type or print)	DEATH January 2 19 66								
	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.								
male white WIDDWED DIVORCED	10-5-08 last birthday) Months Days Hours Min.								
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR	1 11. BURTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT								
	COUNTRY?								
Lahrer ELec. Ins.	14. MOTHER'S MAIDEN NAME								
Joseph Baumann	Miranda Unknown								
15. WAS DECEASED EVER IN U.S. ARMED FDRGES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address								
	John J. Daumann 4/27 Annapolis nd.								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I INTERVAL BETWEEN								
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH								
IMMEDIATE CAUSE (a) Septic shock									
DUE TO gas gangrene									
	Conditions, If any, which (b)								
cause (a), stating the DUE TD	gave rise to Immediate cause (a), stating the DUE TD								
underlying cause last. (c)									
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?								
CAT	YES NO DO								
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO DEATH BUTNOT RELATED TO DESCRIBE HOW INJURY DOCUMENT OF CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)								
- Senton	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)								
Hour a.m. While Not While p.m. 19 at work at work	Ni ort and automatical in the control of the contro								
21. I certify that (I) (this hospital) attended the deceased from 1	0-19 , 19 65 to 1 2 , 19 66 , that (I) (we) last								
Say, the deceased alive on $1-2-$ 19 66, and that	death occurred at 9:10 M. Nom the causes and on the date stated above.								
22a, SIGNATURE	22b. DATE SIGNED								
1 10 mars St 1 le Ca.	ATTENDING - MED STAFF - 3 2 66								
220. PHYSICIAN'S). PHYS OTRECTOR PHYS								
NAME (Trebnardo A. Tadalon	7620 York Road								
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)								
REMOVAL (Specify)	alto. id.								
24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
mcc. 1/4 BOE FOR AVE.	DATEAN 4 1906 gChurler Judge								
1/1 (411) 100 - 101 1/101	I WARTH TO TO TO THE TOTAL TO T								



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY BALTIMORE MARYLAND DALIMORE b. CITY OR TOWN (if outs'de corporale limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) CATONSSI ON A FARM? YES NO D 3. NAME OF M dd.a DECEASED OF DEATH (Type or print) 1966 9. AGE (In years IF UNDER YEAR | IF UNDER 24 HRS. lest birthdey) Months WIDOWED Z DIVORCED 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOUSEWIT 13. FATHER'S NAME 6. SOCIAL SECURITY NO. 17, INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) ((Ifyes give war or dates of service) bN.Chrockante 214-34-3006 1006 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause. DUE TO (a), stelling the underlying PART I. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO Z 206. ACCIDENT WAS UNDERLYING 1 1 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING 1 CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town), (County) (Stete) factory, street office oldo., etc.) While Not While et work at work (19....., that (1) (240) last 21. I certify that (I) (this hospital) af ender the deceased from..., and that death/occured at A. 1351/an //3 causes and on the date stated above saw the deceased alive on....... 22e, SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 230. BURIAL, CREMATION, | 236. DATE THEREOF 23d, LOCATION (City, fown or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Thede 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE

FUNER 0 VR A15 (4) 15M 9/60



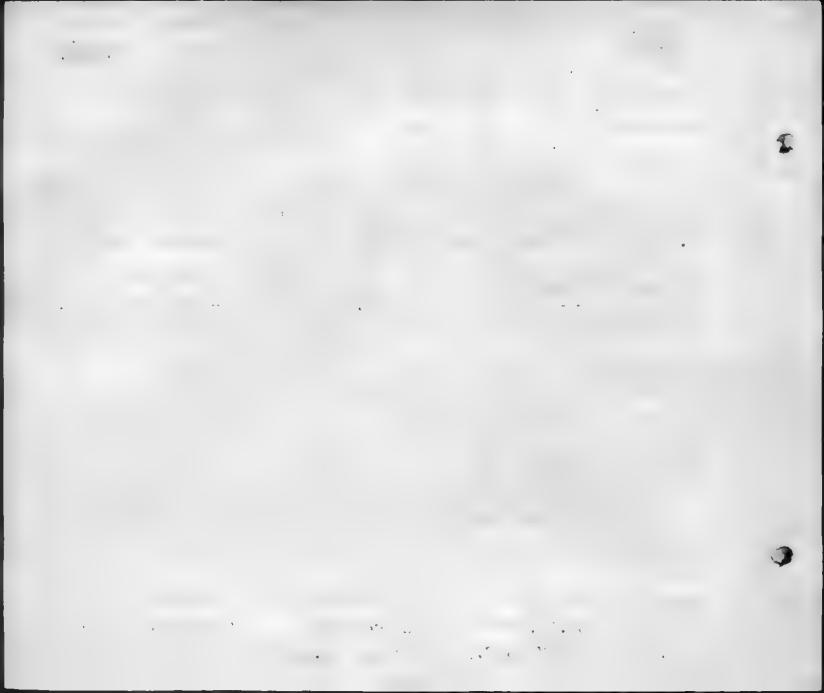
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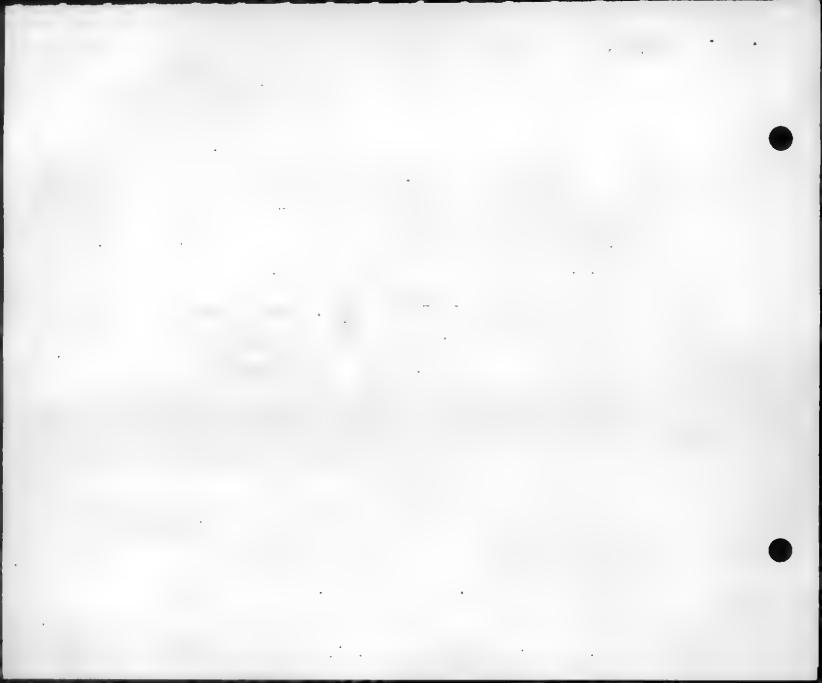
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

_					- +++> -2 + ++
Í) *. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (where deceased level, if institution b. COUNTY	Rasidence before edmission Baltimore
A 45-52	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown) Dundalk	c. LENGTH OF STAY IN 16		alda corporata limits, write RURAL 1k - 21222	and give naerest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ofter, give street eddress)	d. STREET ADDRESS	**	IS RESIDENCE ON A FARM?
	3. NAME OF 2027 Wareham I	Road		Wareham Road	Pay Year
	(Type or print) MARGARET	ISABELLE	BELL	DEATH January	6. 19 66
	5. SEX 6 COLOR OR RACE 7. MARRIED			9. AGE (In years If UNDE	RIYEAR IF UNDER 24 HRS.
	Female White widows		August 13,18		Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work 10b, Kl. done during most of working life, evan it retired)				TTC A
-	Rtdclerk - secretary cer	metery offic	14. MOTHER'S MAIDEN NAM	England	USA
	W11liam Dodd 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) [ffyesgive-war-ordatas of services] NO 213-01		Marga Marga Marga Marga Marga	ret Bissett Address ener-2027 War	eham Rd=2122
	PART f. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which gave rise to immediate cause	ine for (e), (b), end (c).] RONAR CONARY	Y DECKY D	SON PC	INTERVAL BETWEEN ONSET AND DEATH
	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NO	_		ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
		Not While fac	CE OF INJURY (Homa, farm, fory, street, office bldg., etc.)	20f. (City or town) (C	County) (State)
	21. I certify that (I) (thus hospital) attended			, , , , , , , , , , , , , , , , , , , ,	9, that (1) (we) last
1	22c. PHYSICIAN'S NAME (Type) = NRIQUE. A.	HERRERA	ATTENDING MED. PHYS. DIRECT	TOR PHYS. D	22b. DATE S GNED
\	23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c, NAME OF CEMETERY		Bol +1 mone	
10	Burial Jan.10,1966 24 FUNERAL DIRECTOR'S SIGNATURE H.SANDER & SONS, INC.	ADDRESS	re, Md. JAN 1	Baltimore, 1 by REGISTRAR 256. REGISTRAR 0 1956 Plione	S SIGNATURE

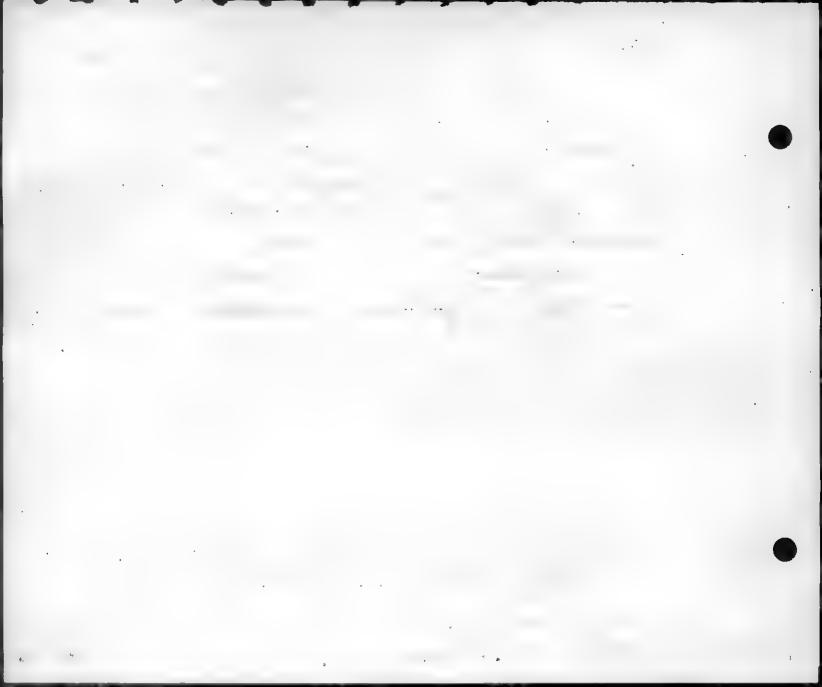


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FOR'S	TATE		00218			EXAMINER'S					, , , , , , , , , , , , , , , , , , ,	1)! 5	11
HEALTH	DEPT.	1.	PLACE OF DEATI a. COUNTY					2. USUAL RESIDENCE a. STATE	CE (Where		institution: Re		
cessary, funeral may be	leath leath		b. CITY OR TOW Write RURAL	N (If outside corpora end give neerest toy		c. LENGTH OF STAY IN		c. CITY OR TOWN (II	outside c	orporete limits,			
5 Hi	Department after death			OWS POINT		ospital, give street eddre	ss}	d. STREET ADDRESS		Burnie		0. 1	S RESIDENCE ON A FARM?
d 3 th	State hours	2	Plant NAME OF	ispensa	ary Irst	Middle	-	Rt #2 B	OX L		nth	YE:	Parties "
any an 2, an PM3.	172 h		DECEASED (Type or print)	Vit	0	М.		EENESCH	OF OEA	TH L		26	1966
iges 1, form	with within	5.	Male	White	7. MARRIEO WIDOWED	NEVER MARRIED DIVORCED	8.	11-13-1		9. AGE (in year last birthda) 3 yrs.	Months	Days	UNDER 24 HRS.
ter dea Give Pa 3 with		10e dur	.USUAL OCCUPATING most of work	ION (Give kind of work ing life, even if retire	rd3 II	ind of Business or Noustry Lobuilding		11. BIRTHPLACE (S		reign country)	CO	TIZEN OF UNTRY? USA	WHAT
im afte 18. G along	ages in an	13.	FATHER'S NAM	E	300775	2.7		14. MOTHER'S MAIL					
1 Item Office	and	15	WAS DECEASED	tanty Ben EVER IN U.S. ARMED F	ORCES? 1 16	SOCIAL SECURITYNO. 1	7. []	Au, usta NFORMANT	ASA		ress		_
thin 2 icil in er's	permit. removal,	(11		·		3-07-8600	1	Mrs. Stel	la B	enesch	same		2
ated within in pencil	of 15			OEATH [Enter only or EATH WAS CAUSED BY IMMEDIATE CAUSE	1: 10	one for (a), (b), end (c).]	6	Deely	su	~		ONSET	AL BETWEEN AND DEATH
e ex	urial-trar emation,		Conditions, If		(b) F	7-5-cl-1	/-	D15:	918-	٩			
Nord "pending Chief Medical	a p.		geve rise to ceuse (a), s underlying ceus	tating the DUE	(c)					<u> </u>			
he we	used as to burial	ATION	PART II, OTHER	IGNIFICANT CONDITI	ONS CONTRIB	UTING TO DEATH BUT NOT	ELATI	ED TO THE TERMINAL	DISEASEC	ONDITION GIVEN	IN PART 1(a)	19. V	VAS AUTOPSY ERFORMED?
g to	hould be us nt, prior to	CERTIFICATI	2Da. EXTERNA PRIMARY [] or CAUSE OF DEAT	CONTRIBUTING	2Db.	DESCRIBE HOW WINDS	CCUR	RE) (Enter nuture o	i injury I n	Part I or Part I	l of Item 18.	1	1
IR: Tils cer cate, writin forwarded	3 shou agent,	MEDICAL C	20c. TIME OF Hour e.i	INJURY Month, Day, n.	While	NJURY OCCURRED 20e. k Not While at work	PLACE	E OF INJURY (Home, f , street, office bldg., e	arm, 20f.	(City or town)	(Con	nty)	(State)
certification of the control of the	Page nated	Z	21. I certif			naips described above,	held	an Autopsy 🔲,	Inspec	tion In	iquiry /	and I	n my opinion
Shock	TOR: design		death result	ed from: Natura	l causes 👍	Accident .	Suici	ide , Homici Chief Medica		Undetermin	ed manner		,
cute age 4	DIRECTOR OF Its d		ATTHAL SIGNATURE	1100	aus	/		_M.D. ASSISTANT ME	DICAL EX	MINER	/_	224	ATE SIGNED
PUTY No. 10 Per Poor for Poor	- E - A		EXAMINER'S NAME (Type)	MJ3.	DAV	13 MD-	6	Conday System	R. gity! 16	A o caunty	1-0	Me)	m 2/2
O DEPUT please e director.	of H	23	REMOVAL (Sp	MATION, 23b. DATE	THEREOF	Glan Have		or crematory		LOCATION (City	, town or cou Barni		(State)
	1	24	. FUNERAL DIRI	CTOR		ADDRESS		25a. RE		,	REGISTRAR'		
5M	5ME (5) 1/65]	James 	S. Kirkle	y, L2			S.E.DATE	7	1000	-	- (1	



1 1 2 4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA CERTIFICATE OF DEATH	
after death, the funeral ges 1 and 2 after death.	BALTIMORE "MARYLAND" B. COUNT RAIS	PIMORE
nours I In by S. Pai	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) CATONSVILLE d. STREET ADDRESS	e. IS RESIDENCI
in 24 ho filled ! papers.	FREDERICK ROAD FREDERICK ROAD	YES NO
death certificate be executed within 24 le attending physician and completely filled permit. Then please farbove carbon paper ion, or removal, and brany event, within 72	3. NAME OF DECEASED First Middle Last 4. DATE Month OF DECEASED (Type or print) GEORGE BENKERT SR. DEATH JANUARY 12	10
execute and co remove	male white WIDOWED DIVORCED March 3,1973 92 yrs.	
physinan physinan n please	Restaurant Owner rood Bavaria	ZEN OF WHAT TRY?
th certifica tending ph rit. Then or removal	13. FATHER'S NAME Anton Benkert Anton Benkert Anton Benkert Anton Benkert	
leath certi eattending ermit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 218-32-1442 Mrs Anna Benkert Frederich	Rd, Cate
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), 1	NTERVAL BETWEEN ONSET AND DEATH
requires the ding physic been signification for the burial for the	Cenditions, If any, which gave rise to Immediate cause (a), stating the	
	PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO V
PHYSICIAN: the hospital this certific detached for e Dept. of H		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County factory, street, office bidg., etc.) p.m. 19 A work at work	y) (State)
ATTEND retained ECTOR: A 3 should with the	saw the deceased alive on 1966, and that death occurred at 52 PM, from the causes and on the 22a. SICNATURE 22b. DATE	, that (I) (we) las date stated above SICNED
= 6 − 2 €	226. PHYSICIAN'S NAME (Type) Samuel E. Proctor, M.D. 22d. ADDRESS NAME (Type) Samuel E. Proctor, M.D. 22d. Modison St., Balt	and 6
TO HOSPITA Page 4 m TO FUNERIN director, should be	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or country REMOVAL (Specify)	
VR A15 (4)	24. LUNERAL DIRECTOR ADDRESS 253. REC'D BY RECISTRAR 255. REGISTRAR'S S	
20M 1/65	JAN 1 / 1966 Allend	()

EN BUSINESS FORMS NC. BAL ORE, MD 201



Page 4 may be retained by the nospital of attending purposecular properties of the funeral transfer of the funeral transfer of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before	admission)
4		a. CDUNTY Baltimore MARYLAND	a. STATE MICE COUNTY HOLL OF	27
ľ		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give hea	rest town)
1		Mount Wilson 5 months	Jours Ma : = =	
ľ		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		RÉSIDENCE A FARM?
1		Mount Wilson State Hospital	Rt. YES	NO
П	3.	NAME OF FIRST Middle DECEASED	Last 4. DATE Month Day	Year
1		(Type or print) DELLA FLO	(SENNEI) DEATH / O 1	19 66
1	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNIT I Days Hou	
		F WIDOWED DIVORCED	4-21-9/ 68 yrs.	1
ľ		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH	TAT
П		Herenite	W. Varazura 11.5.	1.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1		John H. Molisee	Nettie Nicholson	
	15.		INFORMANT Address	
1	(16		spital Records Mt. Wilson St.	Hosp
ı	Ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL	
4		PART I. DEATH WAS CAUSED BY: 950 DONC THE - PARE	emonia indicate and indicate an	U VEAIT
1		191V		7-5
1		Conditions, if any, which		
П		gave rise to immediate		
1	П	cause (a), stating the DUE TO underlying cause last,		
ł	중	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19, WAS	AUTOPSY
-	E	D par 17/	Hally Cocening Liver YES T	FORMED?
	윖	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	NO
1	CERTIFICATION	OR CONTRIBUTING C) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (ENGIT BALURA DI MIJULY III PALL I OF JALL II OF ICOM 10.7	
-	됳		CE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
-	MEDICAL	Wille F- Not Walle F-	ry, street, office bldg., etc.)	
	2	p.m. 19 at work at work	14 7 19/5, to Jana 10, 1966, that (1)	(wa) lac
	- 1	21. I certify that (I) (this hospital) attended the deceased from LL saw the deceased alive on 12 LL, and that	death occurred at	
		22a. SIGNATURE		
	ſ	Weremen M.D	ATTENDING MED. STAFF PHYS.	60
-1		22c. PHYSICIAN'S	22d. ADDRESS	
	-	Wm. Newcomer, M.D., Superintende	nt Mount Wilson, Maryland	
	23a	BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY		(State)
		REMOVAL (Specify) Burial Jan 12 1966 Bellin Memori	Gardens BelAir Harford	Md
	24.	Burial Jan 12,1966 BelAir Memori	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR	
1		Howa rd K. McComas & Son, Abingdon, Md.	0.0	۲,

VR A15 (4) 15M 4-64



funeral ۾ Pages filled completely and death certificate law requires that the Permit. ending physician, been signed by t burial-transit has certificate of DIRECTOR:

prior death. Page 4 page HOSPITA director, be filed 0

CERTIFICATION

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY **b.** COUNTY Baltimore Raltimore MERVIAND b. CITY OR TOWN (if outside corporete limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) Perry Hall Perry Hall d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) . IS RESIDENCE d. STREET ADDRESS ON A FARM? 8853 YES NO Relair Road Belaar Road 3. NAME OF DATE Year Middle Month DECEASED OF (Type or print) DEATH Trwin 19 Berends 66 Jan. AGE (In years | IF UNDER I YEAR 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. 5 SEX B. DATE OF BIRTH lest birthday) | Months | Days Hours Male WIDOWED [DIVORCED [Feb. 1 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if relized) Machinist Retired Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phinehardt Rerends Mary Nagle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT 8853 Belair Adoad (Yes, no, or unkown) | (Ifyes give wer or detes of service) no 216 Eva Berends INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO Conditions, if eny, which (b) gave rise to immediate cause (e), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 20b. DESCRIBE HOW INJURY OCCURED, I Enter neture of injury in Part I of Pert I of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd, INJURY OCCURRED . 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) Month, Dev. Yeer factory, street, office bldg., etc.) Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from ... , and that death occurred at 17. M, from the causes and on the date stated above. saw the deceased alive on... DATE 22e. SIGNATUR ATTENDING MED STAFF SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME [Type] 5402 Relair Road 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Spacify) Burial BALTIMORE PARKWOOD ADDRESS REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE BALTO. MD.

VR A15 (4) 15M 7-62

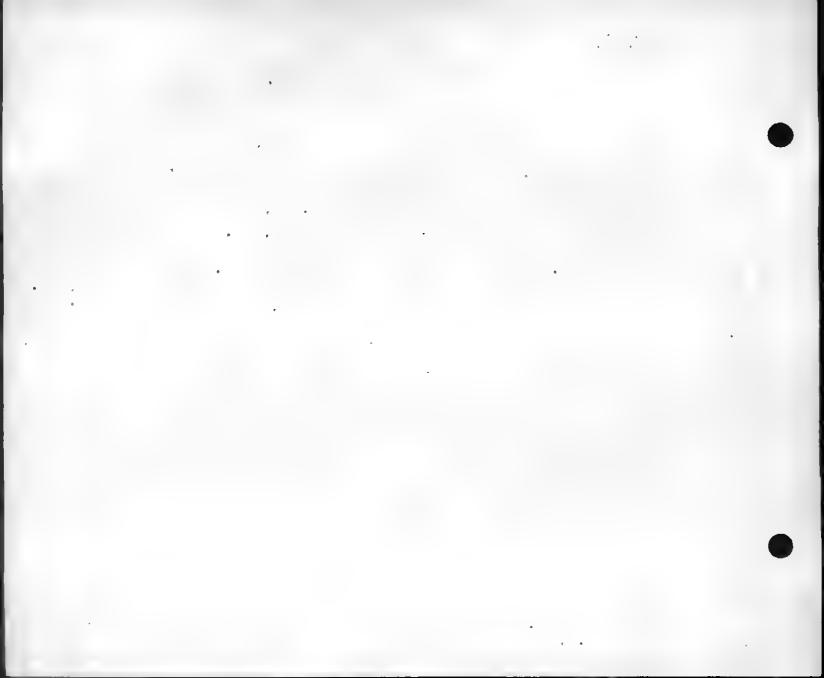


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove sarbon papers. Pages 1 and 2should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO NORFITAL OF ATTENDING PRYTICAL TIM faw mquirns that the death certificate De executed within 24 hours after Death.

Page 4 may be retained by the hospital or attending physician.

15	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
_	00222 CERTIFICAT	E OF DEATH HE215			
1. E	PLACE OF DEATH a. COUNTY Seltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY Md.			
0	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) atonsviile	c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) Balt imore			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARMY			
	Shady Nook Nursing Home	Formerly, 3932 Edmondson Aves Not			
	NAME DE FIRST Middle DECEASED (Type or prinMary G. Berry	Last Jan. Moots /66 Day Year DEATH 19			
	SEX G. COLDR OR RACE 7. MARRIED NEVER MARRIED NIVORCED DIVORCED	8. DATE DE BIRTH Dec. 21, 1874 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Min			
durl	USUAL DCCUPATION (Give kind of work done ng most of working life, even if retired) None	11. BIRTHPLACE (County & State, or foreign ecumtry) 12. CITIZEN OF WHAT Balto. Md.			
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
	Benjamin W. Berry	Florence A. Wonn			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY NO. 17. Ps	Address zone 7, Md. age Boss, 1661 Forest Park Ave.			
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	entral lemmontage 3 days			
ш	4221 DUE TD 04:	0 4- 011 1			
Ш	conditions, if any, which gave rise to immediate (b)	leastic C. V. Charce			
	cause (a), stating the DUE TD underlying cause last,				
8	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT REL	ATEQ TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY			
CAT		PERFORMED? YES ND			
CERTIFICATION	208. ACCIDENT WAS UNDERLYING COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part 1 or Part (1 of Item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20b. PL. Hour a.m. While not While at work at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)			
"	21. I certify that (I) (this hospital) attended the deceased from	June 1965 to 1/25 , 1966, that (1) (we) last			
		at death occurred at 3 19 M, from the causes and on the date stated above.			
	22a. SIGNATURE D.C. Mac Laughlin M.				
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS 303 N. Relling Rd.			
23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	D 711			
24.	Witzke F.D. 4101 Edmondson Ave	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE			

VR A15 (4) 15M 4-64

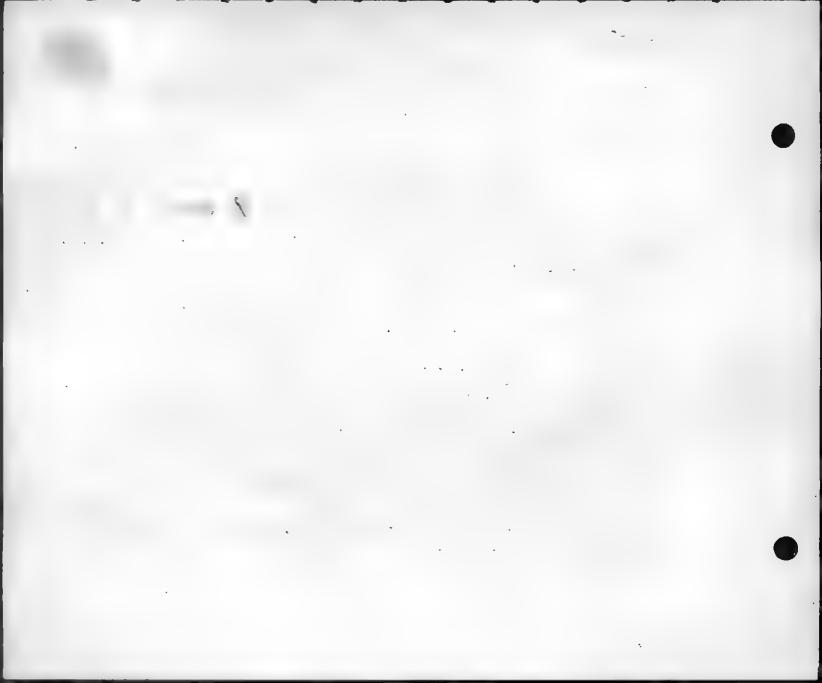


MARYLAND STATE DEPARTMENT OF HEALTH

20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmiss on) a. COUNTY e. STATE **b.** COUNTY by the and 2 death. MARYLAND b CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) P P write RURAL and give nearest town) 24 TALTIC 3/Iti cre .9-Pages filled d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sireel eddress) d STREET ADDRESS a. IS RESIDENCE ON A FARM? Bent Nursing Home YES NO X papers. n 72 ho completely 3. NAME OF Middle DATE Month Dev Year DECEASED OF (Type or print) Chin DEATH 53 Let 3 S 19 physician and con relapys carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Hours Male WIDOWED X DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IInlan oun Malengin Datatop 듐 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME sattending (Then please Thomas Blanchard Annie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address removal, (Yes, no, or unkown) i (If yes give wer or detex of service) the permit. 18. CAUSE OF DEATH | Inter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN Ś ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: 2212 IMMEDIATE CAUSE (a) has been signed he burial-transity cremation, DUE TO attending Conditions, if any, which (b) geve rise to immediate cause DUE TO (a), stating the underlying couse lest. (c) the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HELL 19. WAS AUTOPSY certificam CERTIFICATION 80 PERFORMED? NO use prior 208 ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ched for the Health pr OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached After 3 ATTENDING Ś Month, Day, Year 20e. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f, (City or town) (State) (County) factory, street, office bldg., etc.) retained While Not While ŏ 3 should be del at work at work Dept. 21. I certify that (i) (this hospital) attended the deceased from October Loncella should State D (. 19. 6 and that death occurred at 79/M, from saw the deceased alive on. the causes and on the date stated above. жеш 22a. SIGNATURE DATE ATTENDING .. STAFF SIGNED death. Page 4 PHYS., DIRECTOR PHYS. M.D HOSPITAL paged with PHYSICIAN'S 22d. /AODRESS NAME (Type) Clarence rector, i 23a, BUR AL, CREMATION, 23b, DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) O÷ 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15 (4) 20M 1/65

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	YLAND
DD 226	CERTIFICATE OF DEATH	010

	_	UUSCII		OLIVIIIIONI	E OI DEATH	HUZELI I
- in	1.	PLACE OF DEATH a. COUNTY	ALITIMORE	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: R a. STATE MARYLAND b. COUNTY ANN. E	esidence before admission) ARUNDEL
		b. CITY OR TOW	N (If outside corporate limits,	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
-1		FORT HO	and give nearest town)	49 DAYS	PASADENA	
		d. NAME OF HOS	PITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS	B. IS RESIDENCE ON A FARM?
7				HOSPITAL	GREEN HAVEN	YES NO
	3.	NAME OF DECEASED	First	Middle	Last 4. DATE Month	Day Year
		(Type or print)	CHARLES	J.	BLOOM DEATH JANUARY	27 19 66
	5.	SEX	6. COLOR OR RACE 7. MARRIED	THE TER MARKIEU	8. DATE OF BIRTH 9. ACF (In years IFUNDER last birthday) Months	Days Hours Min.
		MALE	WHITE WIDOWED		MARCH 29, 109 09 yrs.	
	10a dur	ing most of work		IND OF BUSINESS OR NDUSTRY		ITIZEN OF WHAT DUNTRY?
	13.	SHEET ME FATHER'S NAM	TAI. WORKER (1-et/	CONSTRUCTION	HOWARD COUNTY MARYIAND U.	S.A.
		SAMUE	L BLOOM		TDA RUMLEY	
	15	WAS DECEASED F	VER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT Address	
		ES in o, or unkown)	(If yes give war or dates of service) WW I	214-01-5947 CI	IN.RECORDS, VA HOSPITAL, FT HO	WARD, MD
	Ĭ	18. CAUSE OF	DEATH (Enter only one cause per l	ine for (a), (b), and (c).]		INTERVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY: ADE	ENOCARCINOMA OF	PLEURA	2 MONTHS
		163	DUE TO			
		Conditions, If				
		gave rise to cause (a), st				
	_	underlying caus				<u> </u>
	10	19. WAS AUTOPSY PERFORMED?				
\nearrow	ICA					YES NO X
	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING 20b. NG CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury in Part I or Part II of Item 18	.)
	Ä					inty) (State)
	MEDICAL	Hour a.n	ITHITO	Mot While	ory, street, office bldg., etc.)	
	2	p.n			10/66	It as all found thank
			y that (# (this hospital) attend	ed the deceased from	9/65 , 19 , to $1/27/66$, 19 t death occurred a $9:10M$, from the causes and on t	, that 140 (we) last
		22a. SICNATUR	Cusco allec on	19, and tha		ATE SIGNED
1		/ / /	ches la lun		ATTENDING MED STAFF 7	/27/66
1		22c. PHYSICIA	N'S	M.I	D. PHYS. DIRECTOR PHYS. 2 1 22d. ADDRESS	151100
		NAME (T)		AN, M. D.	VAH FORT HOWARD, MARYLAND	
1	23a	. BURIAL, CREM	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	unty) (State)
3		BURIAI.	Jan-31,1966	BALTIMORE N		
1	24		CTOR 11	ADDRESS Singleton Fund	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SUBNATURE LOCAL
1.	1/	·1. An	ingliton	Crain Highway		0 6
	36- 3		7			



مُ قَانِ VR A15 (4) ISM 9/60

Buria 24 FUNERAL DIRECTOR'S SIGNATURE

SONS, 1808

250. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

IS RES DENCE

ON A FARM?

YES NOX

1966.

IF UNDER 24 HRS.

ONSET AND DEATH

PERFORMED?

NO F

(Stete)

DATE

SIGNED

Year

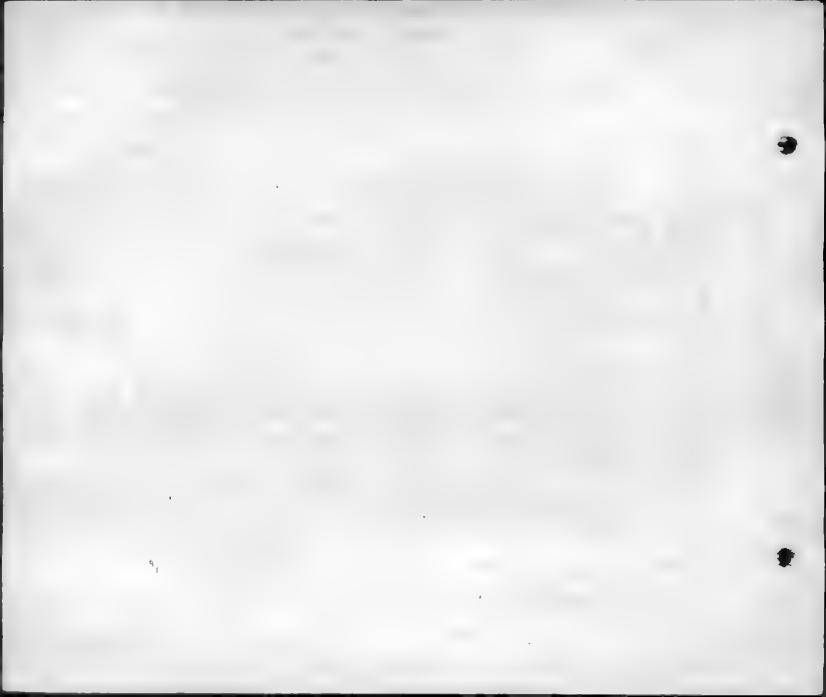


. IS RESIDENCE ON A FARM? YES NO D Yeor

TO HOSPITAL OR ATTENDING PHYSICIAN; The low requires that the death certificate be executed within 24 hours after death. Page 4

127	1, 1	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be	fore admission)
413	•	COUNTY BALTIMORE MARYLAND 6. STATE MARYLAND 6. COUNTY BALTIM	ORE
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give r RURAL and give negres) lown)	eorest fown)
	0	ATONSVILLE CATONSVILLE	*
		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	e. IS RESIDER
	d	2/3 WESTOWNE RD. 2-13 WESTOWNE RD	YES N
	- 1	DECEASED A	Doy Yeor
		(Type of print) JOHN HOWARD BORTON 3PD DEATH JAN SEX 16. COLOR OR RACE 7. MARPIER TO BE DATE OF BIRTH 1937 19 AGE (In years 11 UNDER 1 YE	19
	5 9	MODINE DIVORCED SEPT. 20, 1966 18 years 15 UNDER 1 YES	
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (Stole or foreign country) 12. CITIZEN	OF WHAT CO
	E	HOTOGRAPHER YENNSYLVAINIA U	SA
	13.	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
	J	OHIY HOWARD BORTON UR. MYRTLE WEIDMANY	
	15 (Yu	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address Address Address	17 m
		NO 162-28 2361 SHIRLEY BORTON 213 WESTEWN,	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: Substitution of Cause Cause (c) Substitution of Ca	ITERVAL BETW MSET AND DE Ž YPS.
			2 110.
		Conditions, if any, which)	
		gove rise to immediate (DIFFO	
		tying couse lost.	
	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUT
K	CATI		PERFORMI YES N
	CERTIFS	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH [If EITHER, NOTIFY MEDICAL EXAMINER)	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Count	(v)
	MEDICAL	Hour o m. While Not while foctory, street, affice bldg., etc.) p. m. P. m.	,
	Z	21. I certify that I attended the deceased from Qct. 1956 , 19 , to Jan. , 1966, that I last	
		alive on N. Ve., 1965, and that death accurred of 2 Pe. M. from the couses and on the courses on the course of the decease of	
		ADDRESS (Street, city or town, stote)	DATE
		ACTUAL SIGNATURE MD Mallow Hill Ave., Palto., Hd.	1/5/6
- /			
- 1		PHYSICIAN'S NAME (Type) Led J. Gaver "D.	
-	220	De BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or county)	(Stote)
1	1	OURIAL 1-1-1966 WOODLAWN CEMETERY BAGTO.	140
1/2	23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNAT	Judge.
10	W	EBER FUNERAL HOME 5311 EDMONDSON AVE DATE JAN 6 1906 F	0

1966 AGE (In years lgst birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? 13 WESTERVIYE INTERVAL BETWEEN OMSET AND DEATH E CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO II of item 18) (County) (State) or fown) . 19 66 that I last saw the deceased n the couses and on the date stated above. treet, city or town, state) DATE SIGNED e., Palto., Md. 1966 REGISTANTS SIGNATURE



RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) e. COUNTY e. STATE b. COUNTY. by the and 2 death. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RUKAL and give nearest town) b. CITY OR TOWN (if outside comparete limits c. LENGTH OF STAY IN 16 write.RURAL and give neerest town) Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS n. IS RESIDENCE ON A FARM? 0 YES NO 3. NAME OF 4. DATE Middle Day Yeer DECEASED OF (Type or print) DEATH 1966 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED [DIVORCED 9AQ 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, eyen if retired) WINDLAN N lease 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ö. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unkown) ((Ifyes give wer or detex of service) UNROWN permit. 18. CAUSE OF DEATH (Enter only one cause ger line for INTERVAL RETWEEN ONSET AND DEATH s been signed to PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE TO DUE TO ending Conditions, if eny, which (6) gave rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY 50 0 FICATION PERFORMED? USe prior NO V 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert I or Pert II of item 18.) CERT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this 3 should be detached for State Dept. of Health 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) fectory, street, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from 1 - 2 - 3, 1966 that (I) (we) last 1 2 and that death occurred a 22M, from the causes and on the date stated above. saw the deceased alive on... 228 SIGNATURE leath. Page 4 FUNERAL page with ± PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRES filed v NAME (Type) 23e, BURIAL, CREMATION, | 236 DATE THEREOF & dig 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City. (Syste REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURED VR A15 (4) 20M 5-63



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may ** retained by the hourstal or attending physician.

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	MARYLAND DIVISION OF STATISTICAL RESEARCH A	D STATE DEPARTMEN AND RECORDS, 301 W. P	NT OF HEALTH Reston Street, Baltimo	RE 1, MARYLAND
,	- " " " " " " " " " " " " " " " " " " "		EATH	00223
	1. PLACE DF DEATH a. COUNTY	2. USUAL	RESIDENCE (Where deceased lived, If ins	
	Balto,	MARYLAND a. STAT	Md.	(Julite -
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		TOWN (If outside corporate limits, wr	ite RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not la hospital, give		ADDRESS	e. IS RESIDENCE
1	349 Stillwater Qd.	34	49 Stellwater	ON A FARM? YES NO
	DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	MICHAEL SE BARE OF E	4. DATE Month	JAN 7 19 66 IFUNDER I YEAR IFUNDER 24 HRS
-	Male Shite WIDOWED [DIVORCED aug	- 26, URTAL last birthday)	Months Days Hours Min.
	10s. USUAL OCCUPATION (Give kind of work done) during most of working life, even it retired) INDUSTRY	SINESS OR 11. BIRTHI	PLACE (County & State, or foreign country	12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Brandenburg	14. MOTHE	er's MAIDEN NAME	
	1% WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SE (Yes, we, or unknown) (If yes give war or dates of service)	CURITY NO. 17. INFORMANT	Clame as	aleone)
	18. CAUSE DF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	(b), and (c).)	dusion	INTERVAL BETWEEN ONSET AND BEATH
	conditions, If any, which) DUE TO arterio	i selvatu (andio Vasuela	ac
	gave rise to immediate cause (a), stating the underlying cause last, (c)		diseas	e 2 yrs
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	EATH BUTNOT RELATED TO THE TE	ERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter	nature of Injury in Part I or Part II o	f Item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCC Hour a.m., p.m. 19 at work at w	While factory, street, office	(Home, farm, cebidg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attended the de saw the deceased alive on 19		rred at 12 32M, from the causes	_, 19 6 othat (I) (we) last and on the date stated above
	22a. SyNATURE Jumgardne	M.D. ATTENDIN	MED. STAFF PHYS.	1 - 7 - 6 6
	226. (PAYSICIAN'S BAUMGAYAN	184 BG	retimore 6	mid
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N REMOVAL (Specify)	AME OF CEMETERY OR CREMATO	DRY 23d. LOCATION (City, to	own or county) (State)
1		DDRESS ROLL	25a. REC'D BY REGISTRAR 25b. RI DATAN 1 0 1966	EGISTRAR'S SIGNATURE
	Judge 11/ace	VIN James V. at	WHENTY IN V. TUUUT #	

VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH

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VR ALS (4) 20M I/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

ī.	1. PLACE OF DEATH a. CDUNTY			2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)								
	Ba Ba	ltimore		MARYLA	MD	a. STATI	Mar	vland	b. COUN	TY		
	b. CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH OF STAY II		c. CITY OR 1	FOWN (If	outside corp	orate limits, wr	te RURAL	and give nea	rest town)
	Fort B	and give nearest tow loward	m)	62 Days			Balt:	Lmore			1	
\vdash				ospital, give street add	ress)	d. STREET A						RESIDENCE
	Vetera	ns Adminis	tration	1 Hospital		2801	Sprin	nghill	Avenue		YES	A FARM?
3.	NAME OF	FI	rst	Middle		Last		4. DATE	Month	1	Day	Year
	Type or print)	ISR	AEL.	NME	BRT	CKMAN		DF DEATH	JANUAR	Y 2	1	9 66
5.	SEX	6. CDLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF B	IRTH	9,	AGE (in years last birthday)			
	Male	White	WIDOWED		=	1/5/95		71	YTS.	Months	Days Hou	rs Min.
10: dui	a. USUAL OCCUPAT	ION (Give kind of working life, even if retire	done 10b. K	IND OF BUSINESS OR		11, BIRTHP	LACE (Co	unty & State,	or foreign country) 12. CI	TIZEN OF WI	IAT
	Meat Cu	tter		cercy Store	s		sia			U.S	.A.	
13	. FATHER'S NAM	Ē				14. MDTHE	R'S MAID	EN NAME				
		Brickman				Id	a Kaj	rklin				
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	INFORMANT			Addres	SS		
``	Yes	WW I			Cl	in.Rec.	VAH.	Fort F	loward.	Marryl	and .	
-	18. CAUSE DF	DEATH [Enter only on	e cause per l	line for (a), (b), and (c).							INTERVAL DNSET AN	
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE		PTICEMIA							HOURS	DUCATO
1	2001	DUE	* *									
	Conditions, If	any, which }		MONIA WITH	EMP	YEMA RI	GHT (CHEST			HOURS	
	gave rise to cause (a), si		TD									
	underlying caus		(c) LYME	HOSARCOMA							YEARS	
ĕ	PART II. OTHER S	IGNIFICANT CONDITI		UTING TO DEATH BUT NO	TRELA	TED TO THE TE	RMINAL D	ISEASE COND	STION GIVEN IN	PART 1(a)	119. WAS	AUTDPSY ORMED%
ICAT		. DIABETES		US.							YES	NO X
CERTIFICATION	20a. ACCIDENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DEA NG CAUSE OF DEA FIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter	nature of	Injury in Pa	rt I or Part II o	f item 18.	.)	
		NJURY Month, Day,		NJURY DCCURRED 120	e. PLA	CE OF INJURY	(Home, fa	rm.1 20f. (City or town)	(Cou	inty)	(State)
MEDICAL	Hour a.r		While at wor	Not While	facto	ry, street, offic	e bidg., et	tc.)				
	21, I certif	y that (15 (this hos	oital) attend	led the deceased from	m11	/20/	, 19	65 , to	1/21/	_, 19.6	6_, that \$1	(we) last
		ceased alive on	1/21/	19_66_, and	d that	death occur	red a	: 15 km fro	m the causes	and on t	he date sta	led above.
	22a. SIGNATUI	RE ON	(0					450	OTAFF	22b. D.	ATE SIGNED	
		/ seona	L JL	udas.	M.D	ATTENDING PHYS.		MED. DIRECTOR	STAFF X	X		
	22c. PHYSICIA NAME (T)	1.15	Transa	7			DRESS					
		GEORGE	DUDAS,		= =			CAL FOR			YLAND	~~ <u>=</u>
23	a. BURIAL, CREM REMOVAL (Spo	ATION, 23b. DATE	THEREDF	23c. NAME DE CEM	ETERY	OR CREMATO	RY	23d. LO	CATION (City, to	WIT OF COL	inty)	(State)
-	Burial	1/13/1	966	SHAAREL ZIO				10.54	BALTIMO	RE M	ARYLAN	D
24	4. FUNERAL DIRE	CTOR		5010 Andress		wn Rd.	0.0.01	D A REGIS				E
S	ol Levins	ion & Bros.		Baltimore, M			DAME	24 19	661 pr	ionea	1 / 17	• =



	1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 3D1 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	NE	00233 CERTIFICATE OF DEATH
4	e funeral and er death	1. PLACE OF DEATH a. CDUNTY a. STATE b. COUNTY b. COUNTY
	by the	b. CITY OR TOWN (if guiside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
	hour ad in 2 hour 2 hour	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM?
,		5. NAME OF FIRST MIDDLE LAST 4. DATE Month Cay Year
	Z 2 2 2	(Type or print) (Puta D. BRIGHOFF DEATH /- > 3 1966
	any ever	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH last birthday) WIDOWEO WIDOWEO DIVORCED 4-27-93 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS Hours Min.
	be ase and in	103. USUAL OCCUPATION (Give kind of work done of the state of foreign country) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	certificate iding phys Then ple removal, a	13. FATHER'S NAME ARE LIZE A L
	The law requires that the death certificate or attending physician. The attending physician are has been signed by the attending physicals as the burial-transit permit. Then ple safth prior to burial, cremation, or removal, a	15. WAS DECASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 9 John Street Service) 16. SOCIAL SECURITY NO. 17 INFORMANT 36.59 John Street Service)
	the de	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: ONSET AND DEATH
	that ysician gned k ial-trar	1533 MMEDIATE CAUSE (a) OUE TO
	NG PHYSICIAN. The law requires that the hospital or attending physician, ter this certificate has been signed be detached for use as the burial-transtate Dept. of Health prior to burial, created by the contraction of the state	conditions, if any, which gave rise to immediate cause (a), stating the DUE TO
	attend attend b has l se as ith prior	Underlying cause last.) (c) PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PHYSICIAN: The latter the hospital or atternation of the certificate has the certificate detached for use the Dept. of Health p	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10. 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) B DR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN the hospit this certi detached f e Dept. of	
	DING PHY ed by the After thi Id be deta e State De	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. 20f. (City or town) (County) (State) 4 work 20f. (City or town) (County) (State) 20f. (City or town) (County) 20f. (City or town) (County) (County) (County) 20f. (City or town) (County) (Co
		21. I certify that (I) (this hospital) attended the deceased from 19 45, 19 to 1/23, 1966, that (I) (we) last saw the deceased alive on 123/6619, and that death occurred at 872 M, from the causes and on the date stated above
	y be retained y be retained DIRECTOR: A age 3 should iled with the 3	22a. SIGNATURE Charles (curmes the m.o. ATTENDING DIRECTOR PHYS. 1/24/66
7	O HOSPITAL OR Page 4 may be o FUNERAL DIRE director, page 3 should be filed v	22c. PHYSICIAN'S NAME (Type) Charles Commasillo 910 W Lorng-and 87 Buld / ha
	Page 4 may ro Funeral director, pa should be fil	238. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Starte) (State)
	8	28 FUNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNATURE
	VR AI5 (4) 20M 1/65	Jelm J. Course 1 San Mc (DATE 11 20 1550).



Tage 4 may be retained by the hospital of according progress.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleases remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. to Hospital or attending PHYSICIAN: The law requires that the Death continuate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

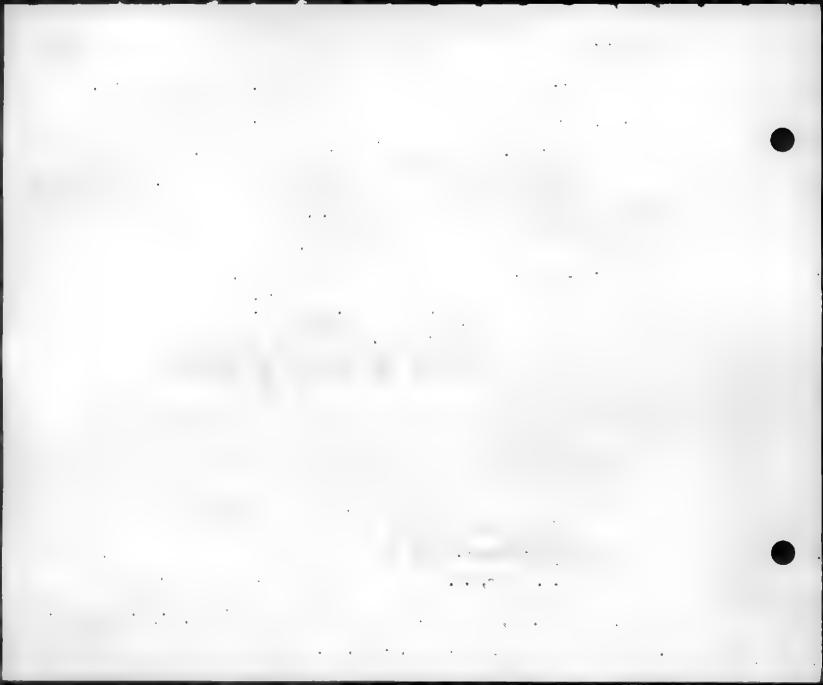
MARYLAND STATE DEPARTMENT OF HEALTH

OURSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

ωŁ.					
T		PLACE OF DEATH	2. USUAL RESIDEN	NCE (Where deceased lived, If institution: I	Residence before admission)
ı		Baltimore MARYLAND	a. STATE		0-
ľ	- 1	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)		if outside corporate limits, write RURAL	and give nearest town)
1		alto. Highlands	Balto	. Highlands	. <i>1</i>
ĺ	- 425	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
١		28 34 Tennessee Ave.	2834 Tenne		YES NO X
ı		NAME DF First Middle Deceased	Last	4. DATE Month	Day Year
ı		(Type or print) Lilly Cora Br	ight	DEATH Jan. 16.	19 66
I	5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	, DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	Days Hours Min.
1	Fe	emale White WIDOWED O DIVORCED O	ct.9, 1877	88 yrs.	04/3 110213 111011
ľ	10a.	USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR INDUSTRY INDUSTRY			TIZEN OF WHAT
ı			Pa.	· ·	OOMENTE
1	13.	House Wife FATHER'S NAME	14. MOTHER'S MA	IDEN NAME	
١		Dishard Dance	A 7 4 -	M = 1	
ŀ	15.	Richard Beers WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Arulia	Address	
ı		, no, or unkown) (If yes give war or dates of service)	Balto	. Highlands 212	27 Md.
ŀ		No Mrs	.Florence_M	1. Gumm 2834 Tennesse	
ı		18. CAUSE DF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	9-1		INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY: LOCALINOTHE	alores	2	
ı		1811 DUE TO P	10 1	00 011	
ı		Conditions, If any, which) (b) Cancar of l	lunany	Bladder	
1		gave rise to immediate (7		
ı		tatis (a), stating the	0		
1		underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISFASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
1	ATT.	THE THE PERSON OF THE PERSON O	TED TO THE TEXAURT		PERFORMED?
۱	유 .		anco de la companya	of talance to Donk to a flood the of them 15	YES NO V
	CER	2DB. ACCIDENT WAS UNDERLYING ☐ CONTROL OF CONTROL OF CONTROL OF CONTROL OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RKEU. (Enter nature	of Injury in Part I or Part II of Item 18	s. <i>)</i>
	MEDICAL	do a ha	E OF INJURY (Home,		unty) (State)
	0	Willia - Not white	y, street, office bldg.,	(etc.)	
5.	≥ -		eh /3	1965 to 1/15 196	/ Hat (I) (wa) look
1		21. I CEI III I IIII III III III III III II		5.15 M, from the causes and on the	La, that (I) (we) last
J	-		death occurred at		DAYE SIGNED
ı		228. SIGNATURE	ATTENDING #	MED. STAFF	did 16
1	-	M.O.	. PHYS.	DIRECTOR PHYS.	110/40
1	-	22c. PHYSICIAN'S NAME (Type) E.M. Ramos, M.D.	22d. A00RESS 3027	Annapolis Road 212	27 ′
ı					
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY	123d, LOCATION (City, town or co	unty) (State)
		Burial Jan. 21, 1966 Calvary Bible F	ellowship (Lehigh Co. Pa. Church Cem. Uppersauon EC'0 BY REGISTRAR 255. REGISTRAR	.Township
	24.	FUNERAL DIRECTOR ADDRESS 2122	25a. R	EC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	G.	Truman Schwab 3512 Frederick Ave. Balto.		N 18 1966 JClimat	2 Judge

VR AI5 (4) 20M 1/65



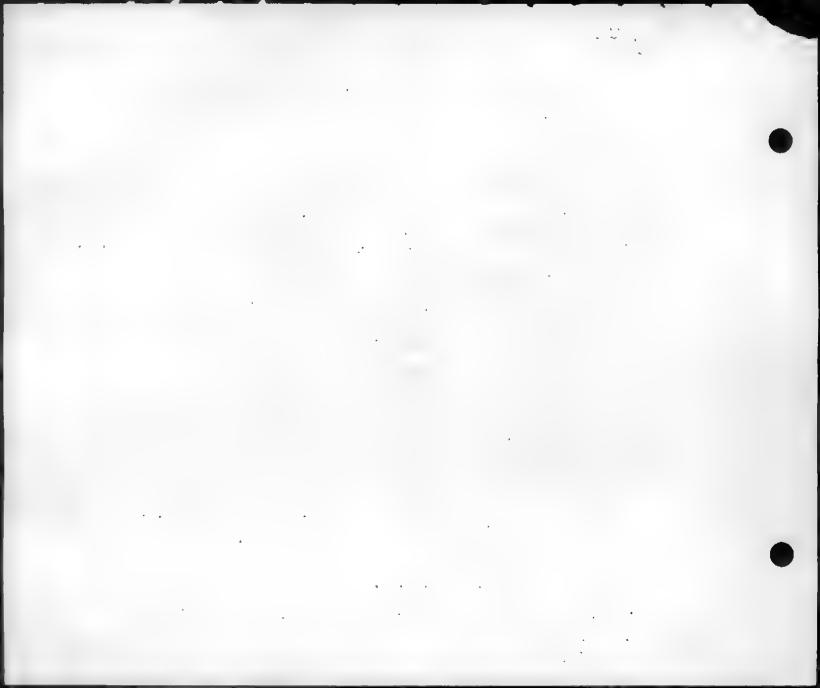
continuate be executed within 24 hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please mmove marbon papers. Pages 1 and 2 should be filed with the State ment. of Healt prior to burial, cremation, or removal, and in mny event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STAT	FISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	, BALTIMORE 1, MARYLAND
00235	CERTIFICATE OF DEATH	00228

_	1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE Maryland b. COUNTY
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		Catonsville Lyrimin2Odys	Baltimore -4
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE ON A FARMY
		SPRING GROVE STATE HOSPITAL	844 Woodward Street YES Not
	3.	NAME OF First Middle DECEASED (Type or print) Oriole	Lest 4. DATE Month Day Year OF DEATH January 7 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
		female white WIDOWED OIVORGED	Sept. 11, 1882 83 yrs.
	10a dur	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1NDUSTRY 1NDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. GITIZEN OF WHAT GOUNTRY?
	hot	usewife at Turne	Maryland U. S.
	13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME
		unknown - Wurlow	unknown
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOGIAL SECURITY NO. 17.	INFORMANT Address
			Records: SPRING GROVE STATE HOSPITAL
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND OEATH
		PART I. DEATH WAS GAUSED BY: Pulmonary edema	SHOEL NIV VENII
		OUE TO	
		Conditions, If any, which) (b) Cardiac failure	
		gave rise to immediate (
		cause (a), stating the underlying cause last. (c)	
	No.	PART II. OTHER SIGNIFICANT GONDITIONS CONTRIBUTING TO CEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPSY PERFORMED?
	CAT		YES NO A
1	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Port I or Part II of Item 18.)
		20a. ACCIDENT WAS UNDERLYING 7 20b. OESCRIBE HOW INJURY OCCU OR GONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	feele	GE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
	4ED	Hour a.m. While Not While st work	7, 30 661, 01110 1110, 010-7
		21. I certify that \(\text{\ti}\text{\texi}\text{\text{\text{\text{\texi}\text{\text{\text{\text{\texit{\texi}\text{\texi}\text{\text{\texi}\text{\texit{\texi}\til\tintt{\text{\texi}\text{\texititt{\texitile\text{\texit{\texi}\t	Nov. 17 1964 to Jan. 7, 1966, that (I) (see) last
		saw the deceased alive on Jan. 7 19 66, and that	death occurred at
		22a. SIGNATURE	22h. OATE SIGNED
		Stella Machisler M.O	
,		22c. PHYSIGIAN'S NAME (Type) Stella Wachsler, M. D.	22d. ADORESS SPRING GROVE STATE HOSPITAL
ſ		Stelle "achsier, n. D.	Baltimre, Maryland 21228
	232	BORIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF GENETERY	- Clim. Lale Mis
-	24	JUNEBO DIRECTOR APPLES	25a. REG'O AY REGISTRAR 25b. REGISTRAR'S SIGNATURE
3	(How & Muray Jon Bolt	Me JAN 10 1936 Minutes Judge

VR A[5 (4) 20M 1/65

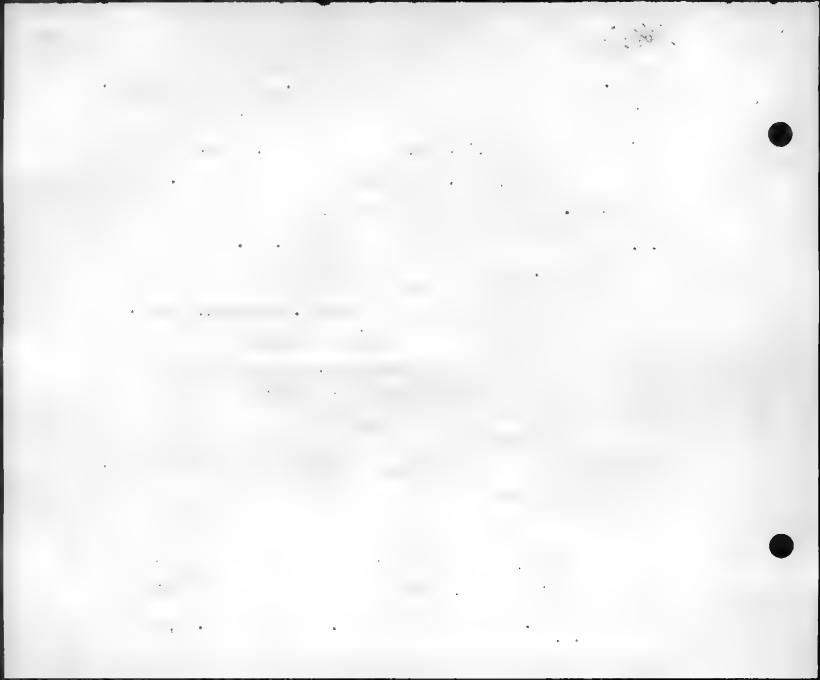


FOR STATE

Department after death. tuneral EXAMINER. This certificate should be executed within 24 hours after death. If any delay me certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to should be forwar at to me Chief Redical Haminer's Office along the form in Page. State hours 2 with within many event File permit. I removal, a burlal-transit cremation, or 60 used as to bullar should be 3 shoul Page DIRECTOR: r. Flage a s or its O DEPUTY MED please exec director. Ta retained for O FUNIRAL I 63 등

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Balto. b. county 1 to. a. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Shangrie La 1132 St. Nursing Home Agnes NO 2 NAME OF First Middle DATE Month Yeer DECEASED 28/66 Jan. Lillie E. Broessel (Type or print) 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours | Min. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED W. Female 75 /90 WIDOWED 12, CITIZEN OF WHAT 11. BIRTHPLACE (Stete or foreign country) 10s, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY COUNTRY Own Home Balto. H.W. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Bertha Charles H. Demuth Depser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes give war or dates of sarvice) Frank B. Broessel 1132St. Agnes INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate DUE TO ceuse (e), stating the underlying ceuse lest. WAS AUTOPSY PERFORMED? 19. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH YES OCCURRED. (Enter pature of Injury In Pert I or Part IV) 20s. EXTERNAL CAUSE WAS PRIMARY ES OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF LAUNY (Home, farm, 20f. (City or town) MEDICAL (County) (Stete) TIME OF INJURY Month, Dey, Yeer et work Inquiry X, 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Suicide Undetermined manner death resulted from: Natural causes Accident Homicide 66 CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City, town or county) (Stete) CEMETERY OR CREMATORY BURIAL, CREMATION. 23b. DATE REMOVAL (Specify) burial Bel Lorraine Pk 66 251. REGISTRAR'S SIGNATURE Edmon APS 65 41.01 0

VR AISME (5) 5M 1/65



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

Baltimore MARYLAND STATE Maryland	b. COUNTY Baltimore									
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)									
RURAL and give nearest town Essex (21) Essex (21) Essex (21)	, de la companya de l									
d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS	. IS RESIDENCE									
1407 Eastern Avenue 1407 Eastern Avenue	ON A FARM? YES NO X									
3. NAME OF First Middle Lost 4. DATE	Month Day Year									
DECEASED OF (Type or print) JAMES JOHN BRUZDZINSKI DEATH	January 7 1966									
	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS									
	ost birthday) Months Days Haurs Min.									
Male White WIDOWED DIVORCED March 7, 1908 5										
during most of working life, even if retired)										
Mortician Funeral Home Baltimore, Maryl.	and USA									
7.01.01										
Stanislaus Bruzdzinski Zofia Swiec										
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT (If yes, give war or dates of service)	Address									
No - 217 07 4213 Christine Bruzdzinski	1407 Eastern Ave. 21									
18. CAUSE OF DEATH [Enler only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH									
PART I. DEATH WAS CAUSED BY: VENTRICULAR PIBRILLIATION	1 min									
1/1 DUE TO										
Conditions, if ony, which) (b) CCRENARY THROMBOSIS	5 min									
gave rise to immediate Due TO										
	couse to, storing the under-									
(4)	INDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY									
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	PERFORMED?									
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, 20f (City or I	awn) (County) (State									
Haur a.m. While Not while factory, street, office bldg., etc.]										
	011 73 (/									
	44 (I) (we) las									
saw the deceased alive an AN 5, 1866, and that death accurred at AM, from the	causes and on the date stated abave									
220 SIGNATURE ATTENDING MED. S	TAFF 225 DATE SIGNED									
M.D PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR	HYS 🗆									
NAME (Type) TO A AU (11157/4/ 22d ADDRESS	2. 2. 2. 1									
J. FRAIDE, G. IZUEHOU TEL MICH MICH	1 14/11/ 12/17									
	2 120124 12176 10									
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	(City, town, or county) (State)									
REMOVAL (Specify)										
REMOVAL (Specify)	nore, Maryland									

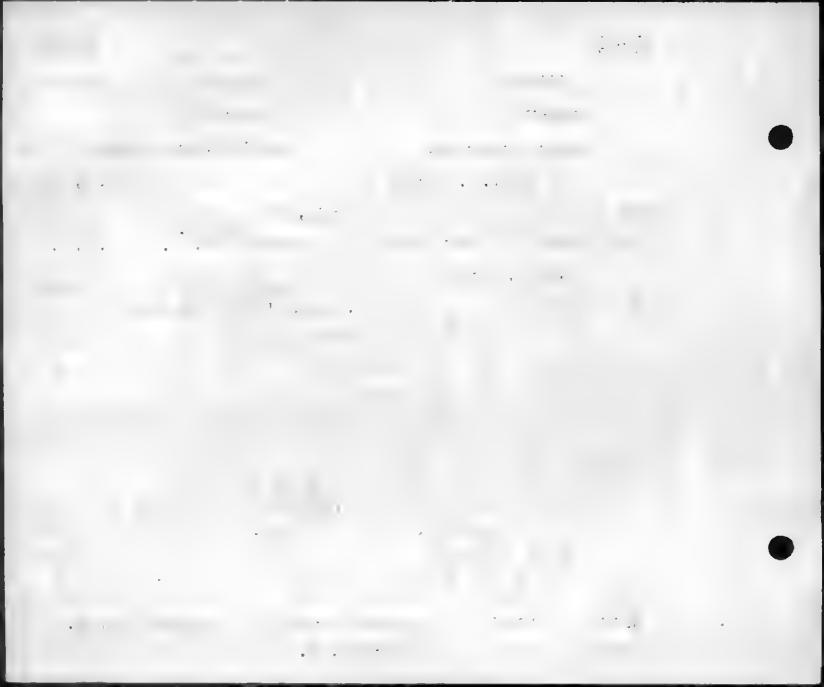


24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00238
CERTIFICATE OF DEATH

PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville	Catonsville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Paradise Nursing Home	Cambridge Arms Apartments VES NO IX
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Mary A. T. Bunworth	DEATH Jan. 5. 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
Female White WIDOWED DIVORCED M	av 19. 1870 95 (yrs.)
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Chinty & State, or oreign country) 12. CITIZEN OF WHAT COUNTRY?
School teacher Public Schools	Ellicott City, Md. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas J. Burworth	Julia Gibbons
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((fyes give war or dates of service)	INFORMANT Webster Groves Address 19, Missouri
	Edward O'Brien P. O. Box 40
18. CAUSE DF DEATH [Enter only one cause per lipe for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: (Ferebal H)	roh Sosis Rt. ONSET AND DEATH
IMMINEDIALE GAUSE (a)	-01-c-11ev
conditions, if any, which I DUE TO (2) Hyteno Scl	erotic Cordio Vescular - 4.
gave rise to immediate	3/105
Ladase (a), Stating the	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Т	PERFORMED?
20% ACCIDENT WAS UNDERLYING TO 120b. DESCRIBE HOW INTIRY OCCU	RRED. (Enter nature of Injury In Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLAC factor p.m. 19 at work pt work	116. 116
21. I certify that (I) (this hospital) attended the deceased from	11/3/13/19 to /9/06 19 that (I)_(we) last
1////	death occurred at AM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
ME N PLOY M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR DIRECT
22c. PHYSICIAN'S NAME (Type) WE Mc Grath	1303 Fredwick Rd Cathsville
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 1/7/1966 New Cathedral	Cemetery Baltimore City, Md.
24. FUNERAL DIRECTOR ADDRESS	1 254. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Caston Kuneful Home Catonsvill	e, Md. DATAN 13 1966 1 complete judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then press, remove carbon papers. Pages 1, and 2, and 2, should be filed with the State Dept, of Health prior to burial, cremation, or remove. And any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00239 OF DEATH CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b COUNTY MARYLAND b CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RJRAL and give nearest town) CATONSVILLE CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e IS RESIDENC d STREET ADDRESS ON A FARM? 1.32 ALDERSHUT RD 632ALDERSHOT YES NO V NAME OF Middle DECEASED WILLIAM ROBERT BURCH (Type or print) AGE (In years F UNDER 1 YEAR (F., NOFR 24 HRS S SEX B DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdov) FEB. V3, 1878 WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? CONDUCTOR - RET. TRANSIT 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME HARRISON 5 ALLIE WILLIAM R. BURCH 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) enurse CANdiovas ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPS PERFORMED? 205, DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or fown) (Stote) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour o.m foctory, street, office bldg., etc.) While Not While ot work L ot work 21, 1966, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from 19 6 4, and that death accurred at A M. from causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S Balro Warllitte -NAME (Type) 23b DATE THEREOF 23d. LOCATION (City or Town) **BURIAL, CREMATION** (Stote) **BEMOVAL** (Specify)

25o. REC'D BY REGISTRAR

25b REGISTRAR'S SIGNATURE

within 24 haurs after death

papers. Pages 1 nn 72 hours after

remove carbon

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and in any event,

removal.

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crematian,

as the prior to

certificate hed for u

DIRECTOR:

FUNERAL

director, page 3 should be filed v

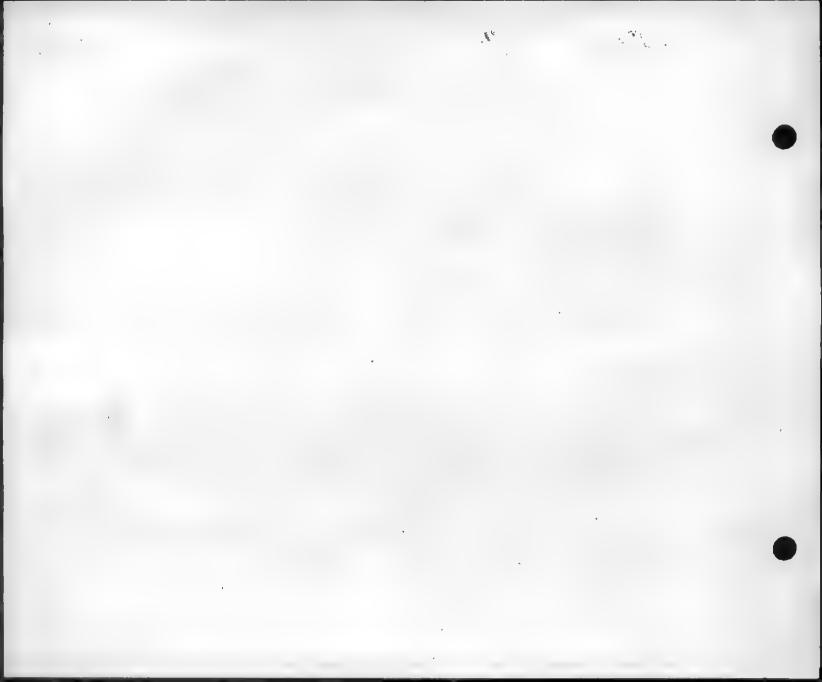
sevies

24. FUNERAL DIRECTOR

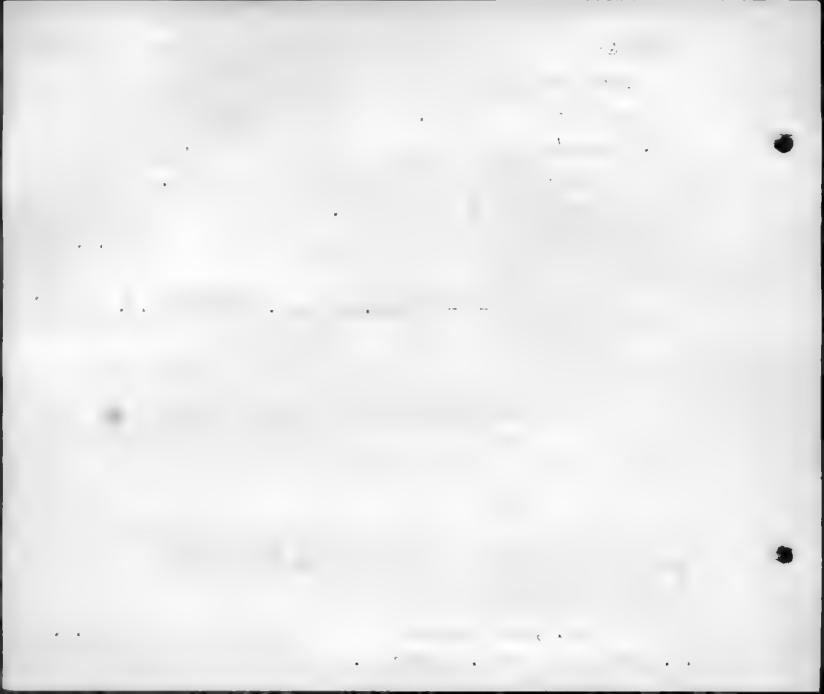
State Dept. of Health

detached

.⊑



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



5305 Harford Rd. #14

MARYLAND STATE DEPARTMENT OF HEALTH

21234

USA

(County)

22b. OATE SIGNED

Jan. 9.1966

9. 1966, that (I) (we) last

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1966

NTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO X

(State)

(State)

PERFORMEO?

Oay

12. CITIZEN OF WHAT COUNTRY?

VR A15 (4) 20M 1/65

Leonard J. Ruck Inc.



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requirem that the death certificate Me. executed within 24 hours after Meath, Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AI5 (4) 20M I/65

		S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	UU242 CERTIFICAT	TE OF DEATH (1) (1) (1) 235
. 1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	Baltimore MARYLAND	a. STATE Md. b. COUNTY Part time ne
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	TOWSEN JOGKS	Lutheruille 14d.
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
15	KEATER BALTIMORE MEDICAL CENTER	1 21 Uthoridge YES NO
3	OECEASED 111 / 1-17 / DC-11	BUSCH DEATH JANUARY 1966
5	(Type or print) LLL7 LLZABLIH SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED	BUSCH DEATH JANUARY 1 1966 8. DATE OF BIRTH 19. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS.
	SEA 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIDORCED VIDORCED	8-21-18-02 (ast birthday) Months Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
d	uring most of working life, even if retired) NOME MAKER INDUSTRY	Baltimare md. CSA.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Beyfamin L. Parks	Julia ann Jarks
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17 Yes (no, or unknown) (If yes give war or dates of service)	. Ansormant Address
1	unknown no	Patients chart
-	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ALTERIOSCUE	COLLC CAICDIONASCULAIC
	DUE TO DISEASE & REC	CENT MYOCARDIAL INFARCTION
	Conditions, if any, which gave rise to immediate (b)	
	cause (a), stating the DUE TO GANGERS ALE OF	EFT LEG DUE TO ATHEROS(LEROSIS
	(C)	
I E	ASPIRATIVE PHEUMON	
18	202. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	South East Control of Impay at a day to the first to the features.
N S	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg, etc.)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	tory, an ect, onice bings, etc.)
1	21. I certify that (i) (this hospital) attended the deceased from_	12/22 1965 to 1/11 1966 that (1) (we) last
		at death occurred at AOAM, from the causes and on the date stated above.
	228. SIGNATURE ALCAL Ferrandicia	ATTENDING MED. D. PHYS. DIRECTOR PHYS. 1166
	22c. PHYSICIAN'S OCCUPD TO THE PROPERTY OF THE	22d ADDRESS DIF II A
	NAME (Type) USCAR TERNANDINI	Grater Balls, Wed, Celler
	32. BLRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER Buyal 1-13-66 Mareland	menned Jackwille. Ind.
. 2	4. FUNERAL DIRECTOR ADDRESS	L Rd 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
۱_	Wm. Crap-Browns Tamon faw Son	Sn Do ott N 17 1803 mlearlas Jud.

MARYLAND STATE DEPARTMENT OF HEALTH



THE BOSETAL OR ATTENDING FERMINATE The THE TREATH AND THE DESTRUCTION OF THE CERTIFICATE DE EXECUTED WIthin 24 hours after death.

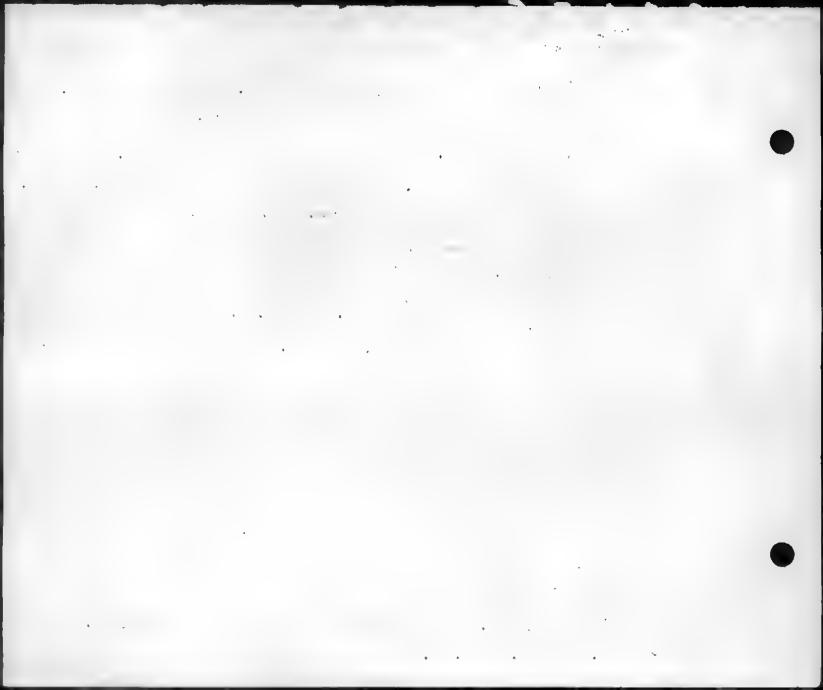
Page 4 may the retained by the Compital or attention playsician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00243 CERTIFICATE OF DEATH
(1)236

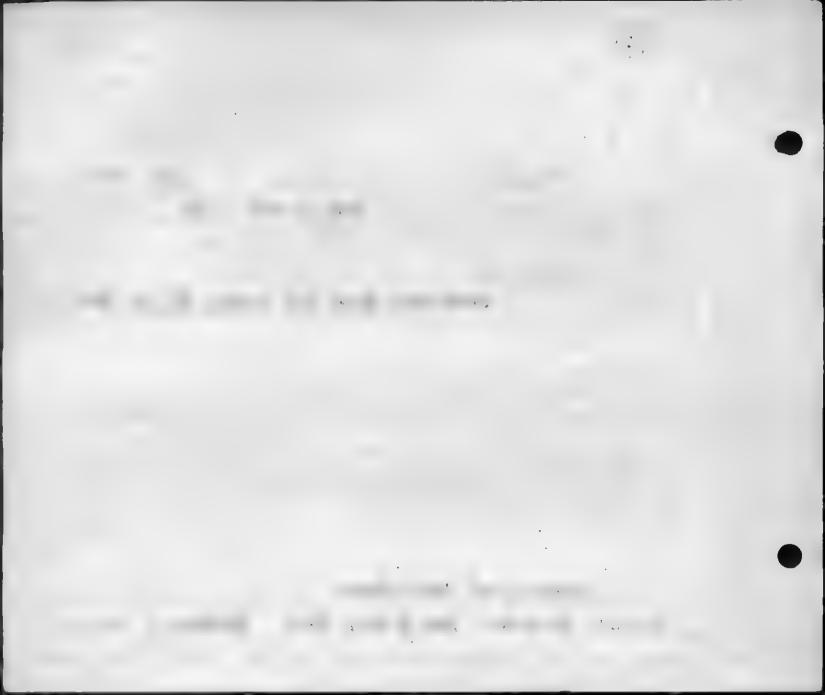
	1,1000
1. PLACE OF DEATH a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Md. b. COUNTY Balto.
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(Rural) Essex	Baltimore # 03 - /
d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE DN A FARM?
Box 656, New Section Rd.	Box 656 New Section Rd. YES NO
3. NAME OF First Middle DECEASED	Last 4. OATE Month Day Year
	Butts DEATH January 22, 1966.
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED 8 Female White WIDOWED 7 OIVORCED 6	Gan. 26, 1881 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.
1Da USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR during most of working life; even if retired) / INDUSTRY/	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housewife Uwn Home	Maryland
13. FATHER'S NAME Charles Small	14. MOTHER'S MAIDEN NAME I da Butler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address Family
(Yes, no, or unkown) (If yes give war or dates of service) None Mr.	. Charles R. Butts 2841 Hollins #30
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN DNSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ary occlusion 3 Hours
4201 DUE TD 01 C	
Cenditions, If any, which) (b) Car. sel. Core-	news vasc. disease
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	HA HYDRAY
PART II. D THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMED!
	YES NO X
PARTII. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA 200. ACCIDENT WAS UNDERLYING 1 200. DESCRIBE HOW INJURY OCCU BY CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
3 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLAI	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20c. INJURY OCCURRED 20e. PLAN Hour a.m. p.m. 19 While at work at work	ry, street, office bldg., etc.)
	an 19, 1966, to Jan 22, 1966, that (1) (we) last
	death occurred at 3.31 AM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Gerus Herningt, M.O	ATTENDING MED. OIRECTOR PHYS. / 22 /68
22c. PHYSICIAN'S NAME (Type) / O. LLC	22d. ADDRESS
FUVIS SEPICION PI	2100 OKENSKY PACTO 20 MA
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	0 1:
Burial 1/25/00. New Cathedr	al (emetery Baltimore Md.
	and a state of the
Leonard J. Ruck Inc. Balto. Md. 21214	DATE JAN 24 1986

VR #15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed livad, If institution; Residence before admission) a. COUNTY by the fand 2 MARYLAND b. CITY OR TOWN (if outside corporate limits, Ilf opfside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) .5 Filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS u. IS RESIDENCE ON A FARM? YES NOT completely 3. NAME OF DECEASED OF DEATH (Type or print) 66 19 .5 and cor AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) WIDOWED [DIVORCED hysician remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY SIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Munler ā ding pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. oval, (Yas, no, or unkown) (If yas giva war or dates of service) UNKNOWN permit. 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit 16.3X DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (a), stating the underlying cause last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION Sign 0 PERFORMED? NO X use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) <u>j</u>o OR CONTRIBUTING CAUSE OF DEATH detached CAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, 1 20f, [City or town) (County) (Stete) factory, streat, office bldg., etc.) While Not While Hour e.m. ö at work at work è DIRECTO, to." Knowsking. 19. 50 that (I) (we) last plnous 45 (M, from the causes) and on the date stated above. 19 (A), and that death occurred at saw the deceased alive on # 226 SIGNATURE PHYS. DIRECTOR PHYS. M.D. HOSPITAL page with t FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) filed v 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county CREMATORY REMOVAL (Specify, る寺る 25q REC'D BY REGISTRAR 25b. REGISTRAR'S 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. COUNTY b/COUNTY hours by the and 2 death. MARYLAND CITY OR TOWN (if outside corporate limits e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 24 after 4 uslower E ** eacy of minte Pages within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address, d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO F pers. F completely NAME OF M.ddle DATE Month DECEASED OF and comple within/ (Type or print) DEATH 5. SEX AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED P lest bigthday) Months Days Hours Min. male WIDOWED physician a 12. CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY Siele, or foreign country) done during most of working life, even if retired) JAKNOWA Mary landeway A 13. FATHER'S NAME ding pl 14. MOTHER'S MAIDEN NAME .5 Then p 15. WAS DECEASED EVER IN U.S. ARMYD FORCES?
(Yes, no, or unknown) | (Ifyesgive war ot dates of service) 1 16. SOCIAL SECURITY NO. 17. INFORMANT that the OVB permit. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ģ PART I. DEATH WAS CAUSED BY. Cost may ss been signed burial-transit pe IMMEDIATE CAUSE (a) **DUE TO** nding Conditions, if eny, which (b) gave rise to Immediate cause DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY certificate CERTIFICATION 8 0 IN MESSAGES NO I use Prior 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING [Po OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER defached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While MEDI Hour a.m. ö at work at work p.m. DIRECTOR: Dept. 21. I certify that (I) (this hospital) attended the deceased from.... A.M., from the causes and on the date stated above. .19629, and that death occurred avo saw the deceased alive on... DATE SIGNATURE 22b. 22a ATTENDING MED. STAFF SIGNED DIRECTOR PHYS. PHYS. ath. Page 4
FUNERAL M.D. ZZE. PHYSICIAN'S ADDRES: 22d. NAME (Dyne) filed, or, OR CREMATORY 23d. LOCATION (City./town (State) 23a. BURIAL, CREMATION, | 23b 23c. NAME OF CEMETERY क्ष हैं दु REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATUR 1966 **YR AIS (4)** PORTE 20M 5-63



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending empscan and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then, piece remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
CERTIFICATE OF DEATH
COUNTY

Baltimore

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

USUAL RESIDENCE (Where deceased lived, If Institution: Residence before ad

a. STATE Maryland
b. COUNTY

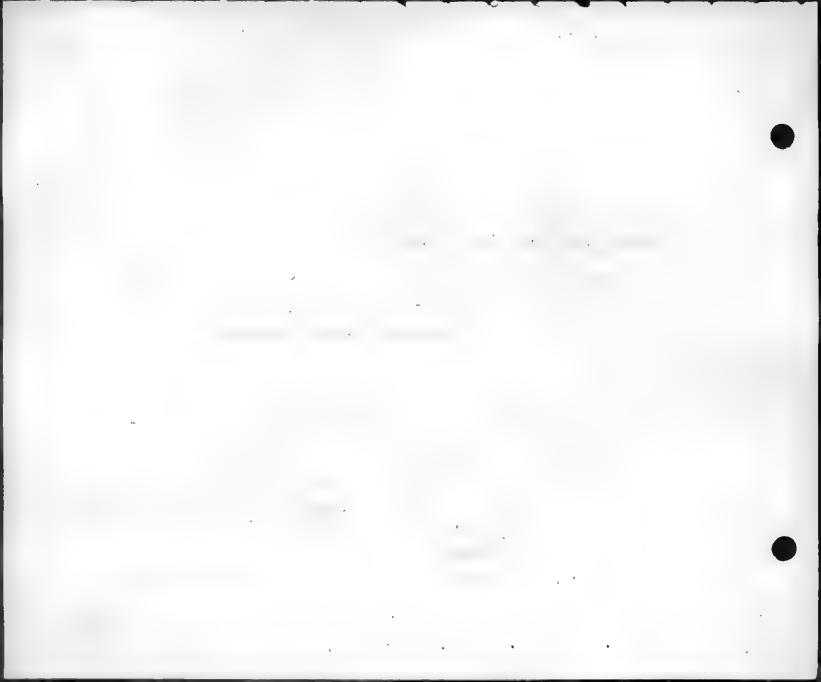
1. PLACE OF DEATH a. COUNTY			I AGUATA	tution: Residence before admission)				
Baltimore	MARYLAND	Maryland 6, COUNTY						
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)	c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)						
FORT HOWARD	93 Days	Baltimore		1				
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE				
Veterans Administration Ho	spital	2922 Indep	endence Street	YES NO A				
3. NAME OF First	Middle	Last	4. DATE Month	Day Year				
(Type or print) Edward	Leroy	Carr	DEATH 1	1 19 66				
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. PATE OF BIRTH	9. AGE (In years 1)	FUNDER 1 YEAR IF UNDER 24 HRS.				
Male White WIDDWED	DIVORCED	1/10	13st birthday) N	Months Days Hours Min.				
10a. USUAL OCCUPATION (Cive kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN DF WHAT				
	rivate	Baltimore,	Marvland	U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAID						
Edward L. Carr		Nettie Ba						
15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address					
Yes WW II 21	5 16 7077 CI	THE PRECIPING	V.A.HOSPITAL.	FT HOWARD, MD.				
18. CAUSE OF DEATH [Enter only one cause per l		IN. ILBOORDO	VANARIOUI TIME,	INTERVAL BETWEEN				
	, ,			ONSET AND DEATH				
IMMEDIATE CAUSE (a) FULLY	IONARY EDEMA		UNKNOWN					
/(ed/ BROW	CHOPNEUMONIA			UNKNOWN				
Conditions, if any, which gave rise to immediate (b)	CHOPAUSONOMIA			OMMIN				
COURS (a) stating the DUE III	CHOGENIC CARCI	NOWA LITTER UT	DESPREAD METAS	DACTO INVALORA				
underlying cause last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPSY PERFORMED?				
TICAL TICAL				YES MO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART III. OTHER SIGNIFICANT CONTR	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of	Item 18.)				
	NJURY OCCURRED 20e, PLAI	CE OF INJURY (Home, fa	rm. 201. (City or town)	(County) (State)				
20c. TIME OF INJURY Month, Day, Year 20d. I Hour s.m., While p.m. 19 at worl	Not While factor	ry, street, office bldg., et	(c.)	(555115)				
21. I certify that (I (this hospital) attend	ed the deceased from 2	/30 19	65 _{, to} 1/1/	, 19 66 that 4) (we) last				
saw the deceased alive on 1/1	19 66 and that	death occurred at	Pointhe causes a	nd on the date stated above.				
22a. SICNATURE				22b. DATE SIGNED				
H. Diale	C1 M.D	. PHYS.	MED. STAFF PHYS.	1/2/66				
22c. PHYSICIAN'S		22d. ADDRESS	11110 231	2/ [/ 00				
NAME (Type) ADOLFO E. SCAT	ENA, M.D.	VET. ADM.	HOSP., FT. HOW	ARD, MARYLAND				
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	m or county) (State)				
BURIAL 1/3/00	National Cer		Baltimore 28	, Maryland				
PAUL E. CHENOWETH FUNERAL H	OME ADDRESS	25a. REC	D BY RECISTRAR 25b. REG	ISTRAR'S SICNATURE				
3615 Chestnut Avenue, Balti	more, Maryland	DATEAN	3 1966 IPC	carley Judge				
\(4\cdot - \cdot		, 47576						

VR AI5 (4) 20M 1/65 -2.4 1 . .

executed within 24 hours after death. TE MOSPITAL OR STRENDING PHYSICIAN, The law requires that the heath certificates to Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00247 CERTIFICATE OF DEATH

a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	a. STATE b. COUNTY
Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Towson 4 105 days	Baltimore, Maryland 21218
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS e. IS RESIDENCE ON A FARM?
Dulaney Towson Nursing Home, Balto 21204	806 Argonne Drive YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) Grace Gibson	Carroll DEATH Jan 27 19 66 8. OATE OF BIRTH 9. AGE (In Years FUNDER 14 EAR) FUNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. last birthday) Months Oays Hours Min.
female white widowed OIVORCED	Nov 30, 1891 74 yrs.
10a. USUAL OCCUPATION (Give kind of work done done) 10b. KIND OF BUSINESS OR during most of working life, even if retired. INDUSTRY industry city.	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
School teacher-retired Balto (ity 13. FATHER'S NAME	Harford County, Md. USA
	1 1
John Gibson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Mary Archer Gibson Coale
(Yes, no, or unknown) (If yes give war or dates of service)	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ILANEY TOWSON NURSING HOME
	ONSET AND DEATH
IMMEDIATE CAUSE (a)	VOL OVARY
Conditions If any tubish h	
Conditions, If any, which (b)	
cause (a), stating the OUE TO	
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 119. WAS AUTOPSY
TAKE IT OF THE PARTY OF THE PAR	PERFORMED?
20a ACCIDENT WAS LINDERLYING 1 20b DESCRIBE HOW INHIBY OCCI	JRREG. (Enter nature of injury in Part I or Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	and the state of injury in rate 1 of fact 1 of them 10.7
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ny, an ect, unite mug., ett)
21. I certify that (I) (this hospital) attended the deceased from	1966 to Jan 2/ 1966, that (1) two last
	t death occurred at ? M, from the causes and on the date stated above.
229. SIGNATURE	ATTENOING MED. STAFF D. PHYS. OIRECTOR PHYS.
22c. PHYSICIAN'S AS CARDIT AND THE	22d ADDRESS
THE CHANT LAIM	G-310 YOU'R NOW O /JECT CHAR! /) PILE
230. BURIAL (CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 1/24/1966 Union Change	
Burial 1/24/7966 Union (hape	Cemetery Joppa, Maryland
John A. Moran Inc. 3000 E. Baltimore	
C Databallarice .	DATE DATE



death.

24 IIII after

exacutad within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the demth curtificatm be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	1	00248			CERTIFIC	ATE	OF DEATH			00	24	
	<i>J</i> .	PLACE OF DEATH a. COUNTY		-			2. USUAL RESIDENC	E (Where deceased	b. COUNTY	Residence	before ad	mission)
ł		b. CITY OR TOWN	altimore (d'outside corporate and give nearest town)	limits, c. Li	MARYLA ENGTH OF STAY I		c. CITY OR TOWN (If	outside corporate	ı Ilmits, write RUI	RAL and glv	re neares	t town)
I		and a	owson				Cockeysvil	le		,		
			PITAL OR INSTITUTION	(if not in hospital	l, give street add	iress)	d. STREET ADDRESS			6	ON A F	
1		S	t. Joseph	Hospital			Western 1	Run Rd.		1		NG 🗌
ı	3.	NAME DF DECEASED	First	(Middle		Last	4. DATE	Month	Day	Yea	
ı		(Type or print)		rry	D.		atfield	DEATHJar	uary 2		19_	_66_
	5.	SEX	6. COLOR OR RACE 7	. MARRIED N	EVER MARRIED			9. AGE	(In years IF UND birthday) Month	DER 1 YEAR	Hours	24 HRS. Min.
		male	white	MIDOMED	DIVORCED		1-28-17	48_	yrs.	. CITIZEN	OC WILLAT	
	duri	INSUAL OCCUPATION IN MOST OF WORK	DN (Give kind of work do ng life, even if retired)	ne 10b. KIND OF	F BUSINESS OR RY		11. BIRTHPLACE (Co			COUNTRY	7	
ı	12	Carpent		Donald	Stubbs H	arm	W. Virgini			II.S.A	•	
ı	13.	FAIRER'S NAME		Charter	a a	i	14. MUTHER 3 MAID		Dan1			
ı	15	WAS DECEASED E	Harry Lee	Chatfie	L SECURITYNO.	1 17	INFORMANT	badle	Pancake	70	21 '	
1	(Yes	s, ne, or unkown)	(If yes give war or dates of s	ervice)				A 30 D		et a co	Ohio	•
ı		es cause be o	EATH (Enter only one		19-0154		s Sadie Sha	ier 10 br	ookileId	A	vlend RVAL BE	
1	- 1		ATH WAS CAUSED BY:					-446 7	04		ET AND I	
1		1-01	IMMEDIATE CAUSE (a	D	rolai in e Branch	gro	tion, acute	with re.	L U			
	_	Conditions, If	DUE TO	•	e pranch	DIE	CK.					
		gave rise to	îmmedîate (•								
		cause (a), st underlying caus	ating mo [)								
	NOL	PARTIL OTHERS	IGNIFICANTCONDITION	SCONTRIBUTING	TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART I	(a) 19.	WAS AU	
,	ICAI									YE	S 🔲	NO X
	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT	WAS UNDERLYING DAYS CAUSE OF DEATH	R) 20b. DESCR	IBE HOW INJUR	Y OCCU	RRED, (Enter nature of	injury in Part i	Part II of Item	18.)		
	EDICAL		NJURY Month, Day, Ye			e. PLAC	E OF INJURY (Home, fa y, street, office bldg., et	rm, 20f. (City	or town)	(County)	(5	State)
	MED	Hour a,m		While Nat work	lot While							
		21. I certif	that (I) (this hospit	al) attended the	e deceased fro	m	December 30 19	965 , to Ja	nuary2319	9_66, ti	at (1) (v	ve) last
			eased alive on Jain	ry 23	19 60 , an	d that	death occurred at 6	30MP Wom to				above.
		228. SIGNATUR	E	Carro	50	M.D			TAFF 32	DATE SI		1966
		22c. PHYSICIA NAME (Ty	Pe) Elmo M.	Gayoso,	M.D.		7620 York	Rd. Ralt.	imore, Mo			
	23a	. BURIAL, CREM	ATION I 23b. DATE TH	EREOF 23c	. NAME OF CER	NETERY	OR CREMATORY	23d. LOCATI	ON (City, town or	county)	(S1	tate) =
		REMOVAL (Spe			Spring H		Cemetery.		ston W.Vi			
	24.	FUNERAL DIRE	CTOR 1-26-	<u> </u>	ADDRESS	13	7 1 125a. HEC	D BY REGISTRAL				H-Mad towards
	J	ananan	Luneral	Yome 7	40/BDa	-	Dans JAN	2 5 1966	July Mark	and see	1ge	=

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MARYLAND STATE DEPARTMENT OF HEALTH

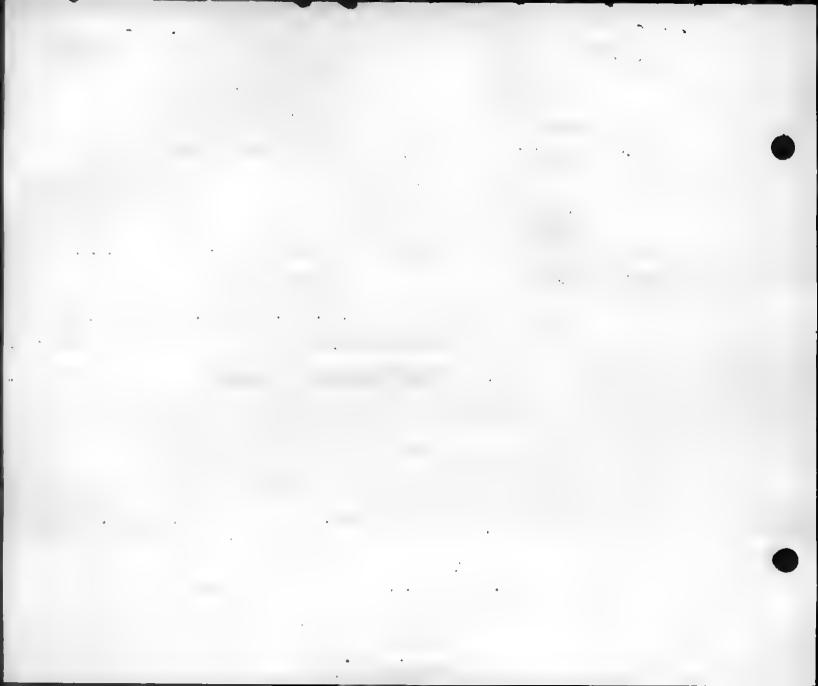
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Pages 1 urs after Baltimore Maryland
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours Baltimore <u>=</u> Fort Howard Days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 1316 Andre Street NO within letely NAME DE First Middle Last DATE Month DECEASED 1966 BIDE TRA CLARK JANUARY 16 (Type or print) DEATH 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIEOTX NEVER MARRIED 9. last birthday) Months in any M White Hours WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY attending physician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT and COUNTRY? RAILROAD RICHMOND, VIRGINIA certificate U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DANRIDGE CLARK SARAH WATERFIELD 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 10 (Yes, no, or unkown) | (If yes give war or dates of service) YES WW-1 12 3693 cremation. CLIN. REC., VAH. FT. HOWARD, MARYLAND INTERVAL BETWEEN ONSET AND DEATH INDETERMEN. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] igned by th PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). TERMINAL PNEUMONIA Signed burial-tr DUE TO Cenditions, if any, which METASTATIC CARCINOMA OF ESOPHACIIS (b) been gave rise to immediate as the t DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept. of Health of WAS AUTDPSY for use Health PERFORMED? ND Z YES 2Da. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. After Not While at work at work p.m. J FUNERAL DIRECTOR: Aft director, page 3 should b should be filed with the Si 21. I certify that (i) (this hospital) attended the deceased from Dec. 19 65 to Jan. 19_66, that () (we) last _16 Jan. saw the deceased alive on and that death occurred at _M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED TO FUNERAL director, page 3 should be filed v ATTENDING PHYS. STAFF PHYS. 1 16 66 M.D. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) ALICIA 0. MENDEZ. VAH. Fort Howard. Md BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) BURTAT. BALTIMORE. Maryland 24. FUNERAL DIRECTOR MCCULLY FUNERAL HOME 258. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 255. VR A15 (4) E. Fort Ave. DATE 2DM 1/65 Raltimore, Md.



Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYTICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 10252 CERTIFICATE OF DEATH

	00252		CERTI	FICATE	OF DEATH		0.05 20
1.	PLACE OF DEATH						itution: Residence before admission)
	BALTIMOR	3	MA	RYLAND	MARYLAND	b. count	HIMORE
	b. CITY DR TOWN	V (if outside corporate limit and give nearest town)			C. CITY OR TOWN (If	outside corporate limits, writ	te RURAL and give nearest town)
	FORT HOW	ARD	4 DAYS		BALITIMORE		- 4
	d. NAME OF HOS	PITAL DR INSTITUTION (If no	ot in hospital, give stree	t address)	d. STREET ADORESS		e. IS RESIDENCE ON A FARM?
	VETERANS	ADMINISTRATIO	N HOSPITAL		2572 WILK	INS AVE.	YES ND
3.	NAME OF DECEASED	First	Middle		Last	4. OATE Month	Day Year
	(Type or print)	CHARLES	nmi	(CLOPEIN	DEATH JANUARY	29 19 66
5.	SEX	6. COLDR DR RACE 7. MAI	RRIEO NÉVER MARR		OATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	MAIR	FI A CALLED	OWED DIVOR		7/21/96	69 yrs.	
10: d ធា	a. USUAL DCCUPAT ring most of work	ION (Give kind of work done ng life, even if retired)	10b. KIND OF BUSINESS INDUSTRY	OR		unty & State, or foreign country)	CDUNTRY?
-	SUPERVISO		MEAT PACKIN			, MARYLAND	U.S.A.
	. FATHER'S NAMI			1	4. MDTHER'S MAIO	EN NAME	
	ENRY CLOS				MOLLIE MY		
		VER IN U.S. ARMED FORCES? (If yes pive war or dates of service)	16. SOCIAL SECURITY	ND. 17. IN	FORMANMRS. M	ARGARET CLOPET	N 2572 WILKENS AV
_	YES	WW_I	,/		. RECORDS,	VAH, FT. HOWA	
		EATH [Enter only one cause	per line for (a), (b), and	(c).]			INTERVAL BETWEEN DNSET AND DEATH
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	COR PULMONA	IE			YEARS
	454	DOE ID					
	Conditions, if a						
	cause (a), st						
z	underlying cause	(\bigvert \bigvert \bigver					
FICATION	PART II. DIHERS	IGNIFICANT CONDITIONS CON	ITRIBUTING TO OEATH BL	TNDTRELATE	D TD THE TERMINAL D	ISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 🐨
	20a, ACCIDENT	WAS UNDERLYING 2	Ob. DESCRIBE HOW IN	JURY DCCURR	ED. (Enter nature of	injury in Part I or Part II of	
CERT	(IF EITHER, NOT	NG CAUSE DE DEATH IFY MEDICAL EXAMINER)					
CAL			20d. INJURY DCCURRED	20e. PLACE	DF INJURY (Home, fai	m, 20f. (City or town)	(County) (State)
	Hour a.m		While Not While twork	l ractory,	street, office bldg., et	C.)	
	21, I certify	that (# (this hospital) a		from 1	/25/19	66 to 1/29	19 66 that (IX(we) last
		eased alive on 1/29					nd on the date stated above.
	22a. SIGNATUR	E					225. DATE SIGNED
			1 / 1	M.D.	PHYS.	MED. STAFF PHYS.	1/29/66
	22c. PHYSICIAI NAME (Ty	lan lan	O to Thing	-	22d. ADDRESS		
	<u> </u>	DOMENIGO E.	CABINUM, JR.				ARD, MD.
232	REMOVAL (Spe	clfy)				23d. LOCATION (City, tow	
0.4	BURIAL	2/3/66		PARK CH		BALTIMORE, M	
24			ADDRESS		1	D BY REGISTRAR 256 REG	GISTRAR'S SIGNATURE
F	UBBARD FI	INERAL DIRECTO	R. BALTIMORE	. MARYI	AND FATEB 2	1966	0 0

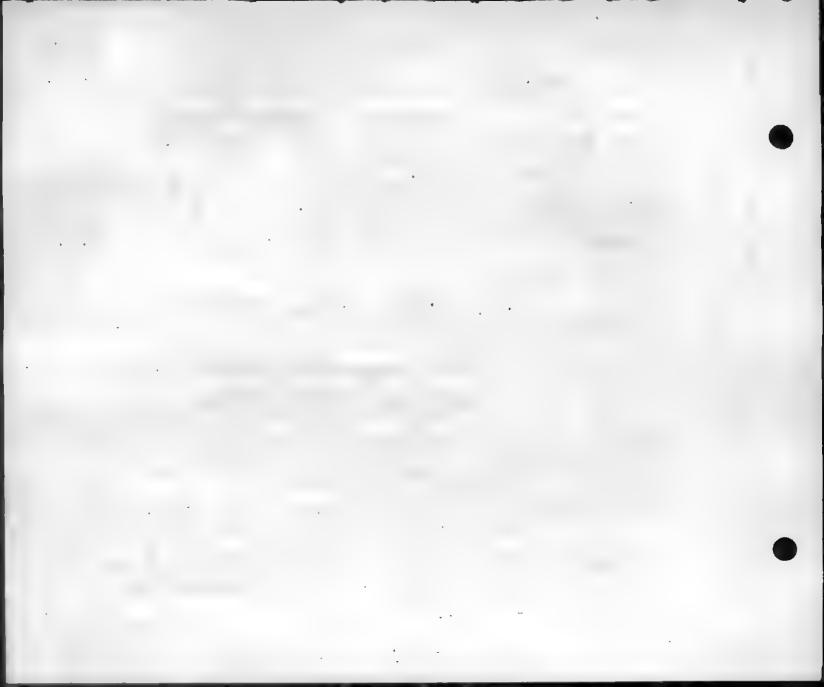
VR AI5 (4) 20M 1/65 - 4 Case .

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before ad miss necessary, ector, Page ». COUNTY MARYLAND b. CITY OR TOWN if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I m Is, write RURAL and give nearest town write RURAL and give nearest town) 2-TIMERE 7,40R d. NAME OF HOSPITAL OR INSTITUTION of not in hospiter, give street eddress IS RESIDENCE ON A FARM? YES NO 3 NAME OF M dale iould be emerated within 24 hours after death. If a ''n pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retaburial-transit permit. File pages 1 and 2 with the 5 n. or removal, and in anyweyent within 72 hours (Type or print) YMOND AGE (In yours | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED THE B. DATE OF BIRTH IF UNDER 24 HRS. last b'rthday) Months. Dec.9 ,1910 55 WIDOWED DIVORCED 10s. USUAL OCCUPATION (G ve kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? done during most of working I fe, even if retired) USA Catholic Cumberland, Md. 13. FATHER'S NAME Joseph Coleman Anna Decker 15. WAS DECEASED EVER IN J S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (Ifyes give were reference) St. Pius X Church Msgr. Jos. McCourt-York & Overbrook ands. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)) SHET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIAL INFARCTION IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which please execute the certificate, writing the word "pending" is 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a but Health or its designated agent, prior to burial, cremation, (b) geve rise to immediate cause **DUE TO** (e), sleling the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1, 01 19, WAS AUTOPSY CERTIFICATION PERFORMED? YES | NO L 20a EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED (Enter nature of nitry in Part I or Part II of term IB.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df, (City or town) (County) (Stote) fectory, street, office bldg., etc.) While Not While at work et work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection L. Inquiry and in my opinion death resulted from Natural causes L. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER & DEPUT Address (Street, city, town, or county) NAME (Type) 220. BURIAL, CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 Burial St. Marys Cumberland Md Cemetery 23 FUNERAL DIRECTOR VR A15ME Mitchell-Wiedefeld Home-6500 York Rd. Scarpelli F.H. Cumberland Md. 5M 1/62

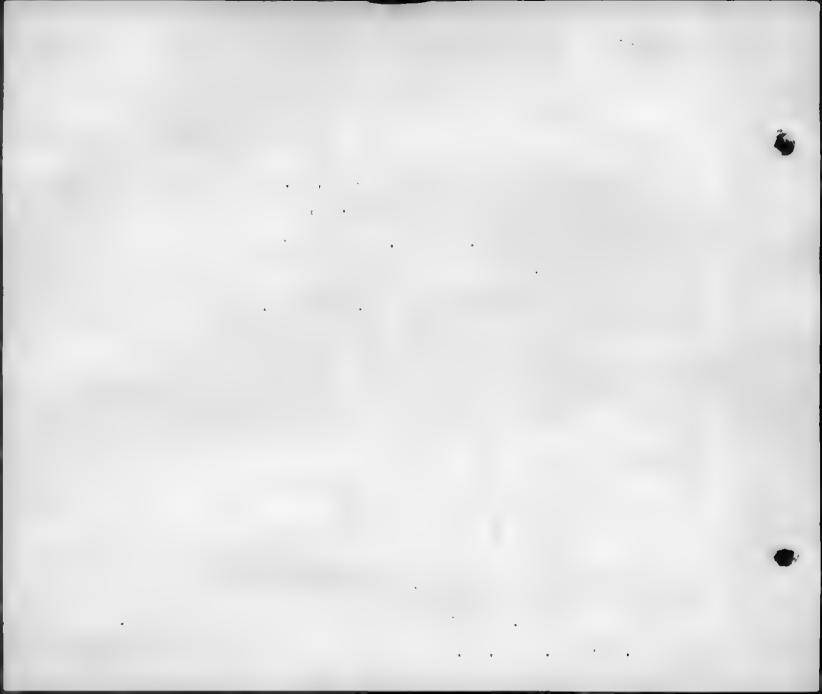
LAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PACE OF DATH 2. USUAL RESIDENCE (Where decaded limits, It is individual to the state of the sta	- Allerton	1		nivieto	AL OF STATISTI	MAR	YLAND STATE	DEF	PARTMENT	OF HEA	LTH	MADE 4 .		
PAGE OF DEATH PAGE OF DEAT			AR .	00254	N UF STATISTI	GAL KESI					EEI, BALI	IMORE 1, N	HARYLAND	,
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Director Staff Director Direct		CTO Sho				Jan.	19 4 k, an	d that	death occurred	d atropay	from the ca			above.
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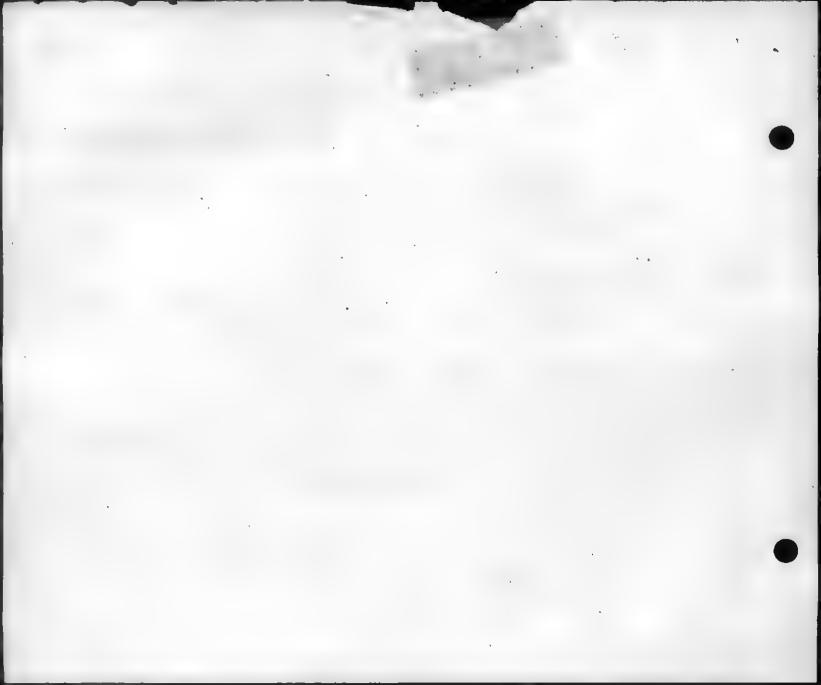
Items 18821 Film GOMARYLAND STATE DEPARTMENT OF HEALTH



VR AI5 (4) 20M 1/65

LAND STATE DEPARTMENT OF HEALTH		
DIVISION OF STATISTICA RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1,	MARYLAND

	00256	CERTIFICATE OF DEATH	(10249
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived	i, If Institution: Residence	sence before admission)
L	Batter	maryland maryland		
	write RURAL ar	(If outside corporate limits, c. LENGTH CF STAY IN 1b c. CITY OR TOWN (If outside corporate ilm nd give nearest town)	its, write RURAL en	d give nearest town)
_	d. NAME OF HOSP	Baltimore ITAL OR INSTITUTION (If not in nospital, give street address) d. STREET ADDRESS 4010, Park W	(a) alate his	LA JS RESIDENCE
1/2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	++++++++++++++++++++++++++++++++++++++	S RESIDENCE ON A FARM?
3.	NAME DE	First Samuel Middle Last 4. DATE	4+++44+44+ Month	Day Year
	(Type or print)	DE AX 1 2 DEATH COM	16	1966
5.	SEX 6	6. COLOR DR RACE MARRIED NEVER MARRIED A DATE OF BIRTH 9. AGE (In		EAR IF UNDER 24 HRS.
/	Valo	hite WIDOWED DIVORCED July 20, 1895 70	yrs.	ys Hours Min.
		N (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRT HPLACE (County & State, or foreign INDUSTRY	country) 12. CITI	ZEN OF WHAT
		ewart Bluefeld Caterers Mussic		ISB
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	>	
1	DENIGO WAS DECEASED EV	ER INU.S. ARMED FORDES? 16. SUCIAL SECURITY NO. 17. INFORMANT	2 Address	
ίŸ	es, no, or unkown) (I	If yes give war or dates of Service)		no. Dand
	110	ATH [Enter only one cause per line for (a), (b), and (c).]	Reistersto	NTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: Creneralized Coverno matrix		DNSET AND DEATH
	1977 5	DIE TO .		1/.
	Conditions, If an	vy, which I (b) CA of Calm		Lar gu.
	gave rise to in cause (a), stat			y
2	underlying cause		VEN IN DART VO	19. WAS AUTOPSY
CERTIFICATION	PARTITION TERSIO	GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(a)	PERFORMED? YES ND
THE	20a. ACCIDENT W	AS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pa	art II of Item 18.)	
	(IF EITHER, NOTIF	G CAUSE OF DEATH FY MEDICAL EXAMINER)		
MEDICAL	20c, TIME OF IN. Hour e.m.	JURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or to factory, street, office bidg., etc.)	own) (Count	y) (State)
MED	p.m.	19 at work et work		
	_	that (I) (this hospital) attended the deceased from 12/20, 1965, to 1/16		, that (1) (we) last
	saw the dece 22a. SIGNATURE	ased alive on 116/66 19 , and that death occurred at 125 PM, from the co		date stated above.
ł	1 2/	unas S. Magne M.D. ATTENDING MED. STAFF	F F Hay	66
	22c. PHYSICIAN' NAME (Typi	'S 22d, ADDRESS		
_	HAME (19p)	RAYMUNDO S MAGNO		
23	a. BURIAL, CREMAT REMOVAL (SDeci	lfy)	City, town or count	
2/	SUICAL DIRECT	Jan. 11, 1966 Hebrew Young Mens Baltimore	c. Marylan 56. REGISTRAR'S	RIGNATURE
1	JUNEAU DIRECT	TOTO REISCENSCOON HOROS 121213	The work of	Judge.
- 2	x 6435	rice of Father 1900	11	1 4



By

TO DEPUTY MED EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

			AKHMENI UP			
Division of STATISTICAL	RESEARCH AN	ID RECORDS,	301 W. PRESTON	STREET, I	BALTIMORE	1, MARYLAND

	00257		EDICAL	EXAMIN	ER'S	CERTIFICAT	E OF DI	EATH	ie ij ma	0025	0
1.	PLACE OF DEATH a. COUNTY Baltim		M 17 ±0 -06-	MAI	RYLAND	2. USUAL RESIDENCE * STATE Marylan		b. coun			admission)
	Baltt			c. LENGTH OF ST	AY IN 1b	c. CITY OR TOWN (IF Baltimo	outside corpo				rest town)
	375	PITAL OR INSTITUTION 5 Old Nort			eddress)	d. STREET ADDRESS 3425 O1	d North	Point	Road	e. IS R ON / YES	ESIDENCE A FARM? NO 2
3.	NAME OF DECEASED (Type or print)	MAU	rat RICE	JAME S	3	CROWLEY	4. DATE OF DEATH	Monti Janu		30 1	resr 9 66
5.	Male	6. COLOR OR RACE White	7. MARRIED [WIDOWED [NEVER MARR	LL A	8. DATE OF BIRTH 10-20-65	9, 1	GE (in years est birthday)	Months	Days Hour	
7881	ring most of working Infant		done 10b, Kill	ND OF BUSINESS	OR	11. BIRTHPLACE (S Baltimor			12. CI CO	TIZEN OF WH UNTRY?	AT
13	. FATHER'S NAME		Crowley			14. MOTHER'S MAID Carme	en name en Sulli	ivan			
15 (Y	s. WAS DECEASED ET es, no, ar unkown)	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S	OCIAL SECURITY		informant homas Crowle	еу 342	Addres	-	Point	Road
		EATH [Enter only or ATH WAS CAUSED BY IMMEDIATE CAUSE	: Inte	e for (a), (b), end erstitial		monitis				INTERVAL E ONSET AND	BETWEEN DEATH
	Conditions, if a gave rise to i cause (a), sta underlying ceuse	Immediate DUE	(b)								
CATION	PART II. OTHER SI			media =1		TED TO THE TERMINAL D	DISEASE CONDI	TION GIVEN IN	PART 1(a)		AUTOPSY ORMED?
MEDICAL CERTIFICATION	20a. EXTERNAL PRIMARY OF CAUSE OF DEATH	CAUSE WAS CONTRIBUTING []	20b. Di	ESCRIBE HOW IN.	JURY OCCU	RRED. (Enter nuture of	Injury in Part	I or Part II o	f Item 18.)	
MEDICAL	20c. TIME OF III Hour a.m.		Year 20d. IN. Whila at work	Not While at work		CE OF INJURY (Home, fa ry, street, office bidg., e		ty or town)	(Cour	nty)	(State)
	21. I certify death resulte		causes X			d an <u>Autopsy</u> (X), cide (, Homicio		, Inqu ndetermined X7	, ,	and in m	y opinion
	ACTUAL SIGNATURE	0788	rofe	-	~ "	M.D. ASSISTANT MEI	DICAL EXAMINI			22. DAT	
	EXAMINER'S NAME (Type)			sher, M.D		DEPUTY MEDIC Address (Street	, city, town, o			1-31-	-00
230	BURIAL, CREMA			23c. NAME OF Sacred		OR CREMATORY		TION (City, to		47	(State)
24	. FUNERAL DIREC	, = = =,	700	ADDRESS	near	-	BALTI	more Co	EGISTRAR'S	Mary L	and

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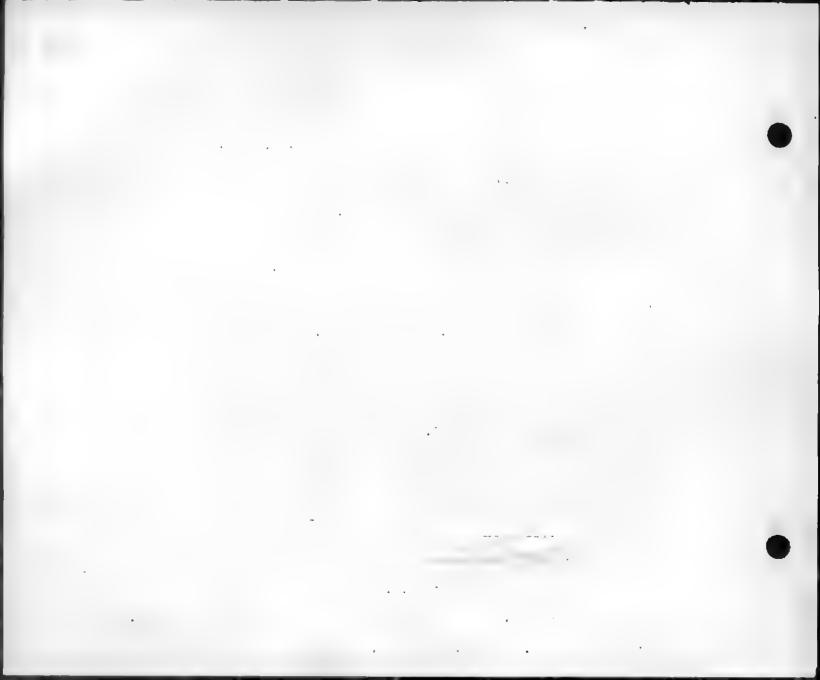
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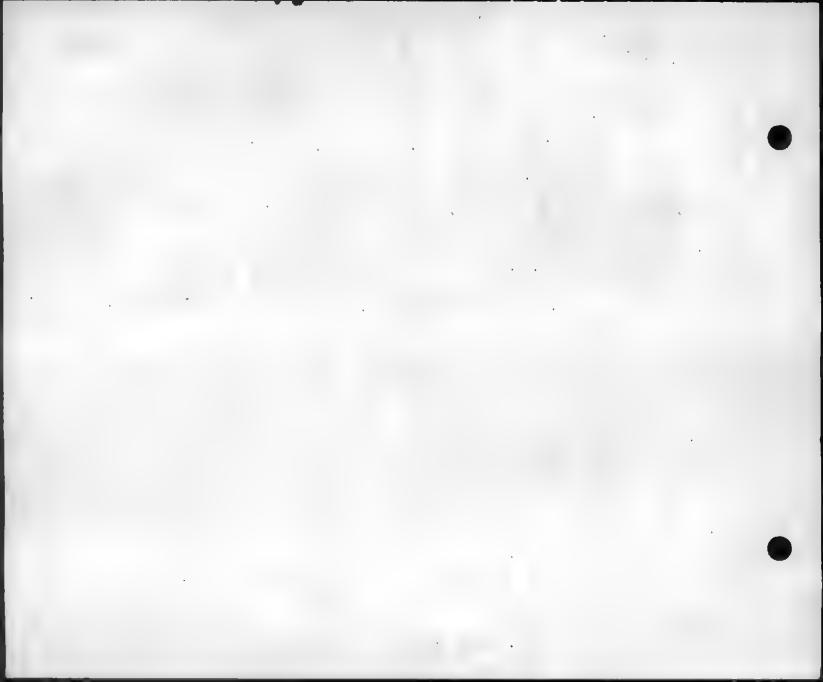
Lill;

& Zeiler Inc.

1901 Eastern Ave.



MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00959

0040.	
1 PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
Earle maryland	a. STATE (1) b. COUNTY
b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Garrison	LAXTICORE 4150 1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
No. 1 1 M. 11	ON A FARM?
to a ling to 1 Mase in office	TES NO
3. NAME OF JULY FIRST Middle	Last 4. DATE Month Day Year
(Type or print) State Ilikungh-	1 1966 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
White WIDOWED DIVORCED	10-12-18 7/1 yrs. Months bays hours mile.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired) INDUSTRY	1981 (11AL) (115 B
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
11. 1	Mary 10 5 2011 201
15. WAS DEGEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT
(Yes, no, or unkown) (If yes give war or dates of service)	*
720 /25/22 - Mr	s. Grace D. Kaufman 1600 Labyrinth Rd.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), b	F () () O - O O INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ic Col C Clarke Henry 6 mg
4221 DUE TO	
Conditions if any which i	
gave rise to immediate	
cause (a), stating the DUE TO underlying cause last.	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RED 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	YES NO W
20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTION OF THE CONTRIBUTION	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
Hour a.m. While Not While p.m. 19 at work at work	A A
21. I certify that (I) (this inspite) attended the deceased from	ne 1950, to 1-11 1966 that (1) (we) last
	t death occurred at 350 M, from the causes and on the date stated above.
22a. SIGNATURE	22h DATE SIGNED
Le Continue	D. ATTENDING MED. MED. STAFF /- 11-66
22c. PAYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. DIVINE BOX
(AME (Type)	5907 GWMNN OAK AUE, 21207
ODA DIDIAL ODEMATION ODA DATE THEREOF LOGA MANE OF STREET	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)	
Barial 11 - 14 - 66 Druid Ridge	e Cemetery Pikesville, Md.
24. FUNERAL DIRECTOR ADDRESS m	
Dela 1 Fichas Expens 30th 1P	averaged N 13 1000 velicula. Vidas

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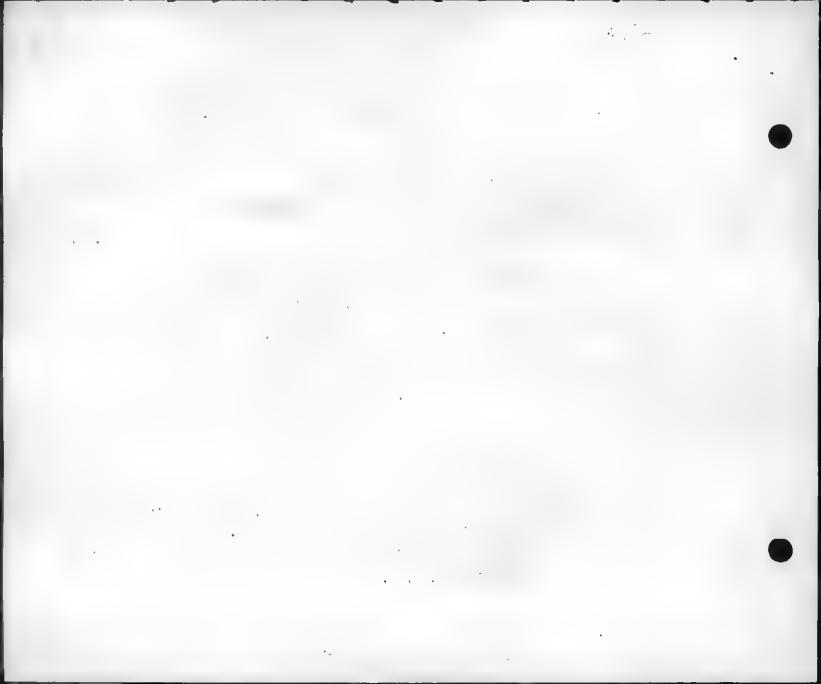


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place temove carbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. emecutad within 24 hours after death. TO HESELFAL BY ETTENDING PHYENIAM The law requires that the leath certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	Baltimor	е			2. USUAL I	_ `		COLINTY .	Residence before admission)
	b. CITY OR TOWN			MARYLA , (c. LENGTH OF STAY I		c. CITY OR		*		L and give nearest town)
		and give neare: sville	st town)	13yr7mth9d	VS		_	, Marylan		
			TUTION (if not	In hospital, give street add		d. STREET		, J	*,	e. IS RESIDENCE ON A FARM?
	SPRING	GRO VE	STATE	HOSPITAL			.80 Mai	n Street		YES NO
1	NAME OF OECEASED		First	-TSA-A-A	T	Last	4.	OF	Month	Day Year
5.	(Type or print)	6. COLOR OR F	Irving	-1477JC		avis B. DATE OF B	IRTH	DEATH 9. AGE (In	January	7 19 66 RIYEAR IF UNDER 24 HRS.
	male	white	7	RIED NEVER MARRIED		. DATE OF D	~ .~	last bir	(nday) Months	Days Hours Min.
		**********		Ob. KIND OF BUSINESS OR		11. BIRTH	LACE (County	y & State, or foreign	country) 12. (ITIZEN OF WHAT
	ng most of worki Me rcha nt	ng lite, even if	retired)	INDUSTRY		Vi	rginia			J. S. A
	FATHER'S NAM	E	1 4	00,000		1	R'S MAIDEN	NAME		
	Ezek	ial Lich	ngenstei	in			Hinda	Geeta		
15. (Yes	WAS DECEASED 6	VER IN U.S. ARM	ED FORCES?	16. SOCIAL SECURITY NO.	17.	INFORMANT			Address	
	nknown			unknown	Re	cords	SPRIN	G GROVE	STATE	HOSPITAL
			-	per line for (a), (b), and (c).						INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	ATH WAS CAUSI IMMEDIATE C	ED BY: AUSE (a)	Acute cardiac	in	suf fici	ency			
	440		DUE TO							
	Cenditions, If a		\-/ -	<u>Arteriosclero</u>	tic	heart	disease)		
	cause (a), st	ating the	DUE TO			*				
×	underlying caus			Genealized art				ASE CONDITION OF	VEN IN PART 1/2	19. WAS AUTOPSY
ATIC	FART II. VINCE 3	TOTAL TOTAL COL	TELLIONS CON	THE OWNER TO DEATH BUTTO	RELA	TIED IN THE TE	WALLEY PAGE	MOLDVIIVI (IVII (I	APM HANNI YOU	PERFORMED?
	20a. ACCIDENT	WAS UNDERLYI	NG [] 20	DESCRIBE HOW INJURY	OCCL	RRED. (Enter	nature of Inl	ury in Part I or P	art of tem 1	Lad Lad
CER	OR CONTRIBUTI (IF EITHER, NOT	NG CAUSE OF	F DEATH XAMINER)							
CAL	20c. TIME OF	NJURY Month,		Od. INJURY OCCURRED 20	e. PLA	CE OF INJURY	(Home, farm,	20f. (City or t	own) (Co	ounty) (State)
MEDICAL CERTIFICATION	Hour a.n			Work at work	rauto		se nin R. * str.)	3		
		-	T	tended the deceased fro		Flay 20	8195			56_, that N (we) last
	saw the dec	ceased alive o	n Jai	1. 7 19 66 an	d that	death occu	rred ata	M, from the c		the date stated above.
	ZZa. SIGNATUR	" X	7	Noinits		ATTENDIN	G X MED	D. STAF		1-7-66
	22c. PHYSICIA		Juves	V	M.E		DRESS SPA			E HOPITAL
İ	NAME (Ty	rpe)	Imre K	opits, M. D.			Bal	timore.		
23a.	BURIAL, CREM	ATION, 23b. (ecify)	DATE THEREOF	23c. NAME OF CEN	IETERY	OR CREMATO		23d. LOCATION		
24.	FUNERAL DIRE	CTOR	Xin	In ADDRESS Re	ist	rotort	25a. REC'D	BY REGISTRAR 2	25b. REGISTRA	
	Sella	vinac	1/13r	as 6010 Ru	La	+DB	DATAN 1	1 1966	ychoool	es Judge
				2/2/5-1324	He	, Site				

VR A15 (4) 20M 1/65



VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00254

1	00261	CERTIFICA	TE OF DEATH	Řeg. Di	1111254 st. No.
	1. PLACE OF DEATH BALTIYU	RE MARYLAND	O STATE	eased lived If institution. Residen	ice before admission)
	b CITY OR TOWN (If autside carporate limits, wi RURAL and give nearest lawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporate limits, write RURAL and	give nearest town)
,	d. NAME OF HOSPITAL (If not in hospital, give s	SING HOME	5 30 5 HA	DOON AVE	e. IS RESIDENCE ON A FARM? YES NO []
	3. NAME OF DECEASED (Type or print) AL/CEFiest	JANEMIE DI	ANSON 4 DA	ATH JOINUTERY	2,3 /1966
No.	Female Mhite wie	DOWED DIVORCED	etober 3, 1880	9. AGE (In years It UNDER last bushday) Magths 7 yrs.	Days Hours Min
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTI	Most /	gn country) 12 CII	TIZEN OF WHAT COUNTRY?
	13 FATHER'S NAME BERT BA	FISHER	MA MOSHER'S MAIDEN NAME	BOWL	5N
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes no or unknown) (II yes, give war ar dates of service)	16. SOCIAL SECURITY NO 17. INF	CHANT R.DA	45014, 5345 H/	1000NAK4, 212
	PART I DEATH (Enter only one cause g PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if ony, which gove rise to immediate cause (o), stoting the under- lying couse lost. [c]	Jerline for (a). (b) food (c).] Jerline for (a). (b) food (c).]	cardiovasa	clusion Way disease	INTERVAL BETWEEN ONSET AND DEATH OUT OF THE STREET
	PART II OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONT	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	19. WAS AUTOPSY PERFORMED? YES NO THE
		DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part t or	Part II of item 18.)	
	Thour o.m.	Od. INJURY OCCURRED /hile Not while factor t work of work	E OF INJURY (Home, form, ry, street, office bldg., etc.)	(City or town) (County) (State)
	21. I certify that I attended the decalive on an uary III.	reased from UC to be		iram the causes and on the Street, city or lawn, state)	last saw the deceased he date stated abave. DATE SIGNED 123 6
April 12	PHYSICIAN'S MILLARD TO	TRABANDUK	BALTI	MOREMU	7.21207
	220. BURIAL, CREMATION, REMOVAL (Specify) BURTAL 1/26/1966	22c NAME OF CEMETERY OF Mt/ Nebo C		ocation (City, fown, or county)	W. Va.
_	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Powled or Spring	240 REC'D BY RE		



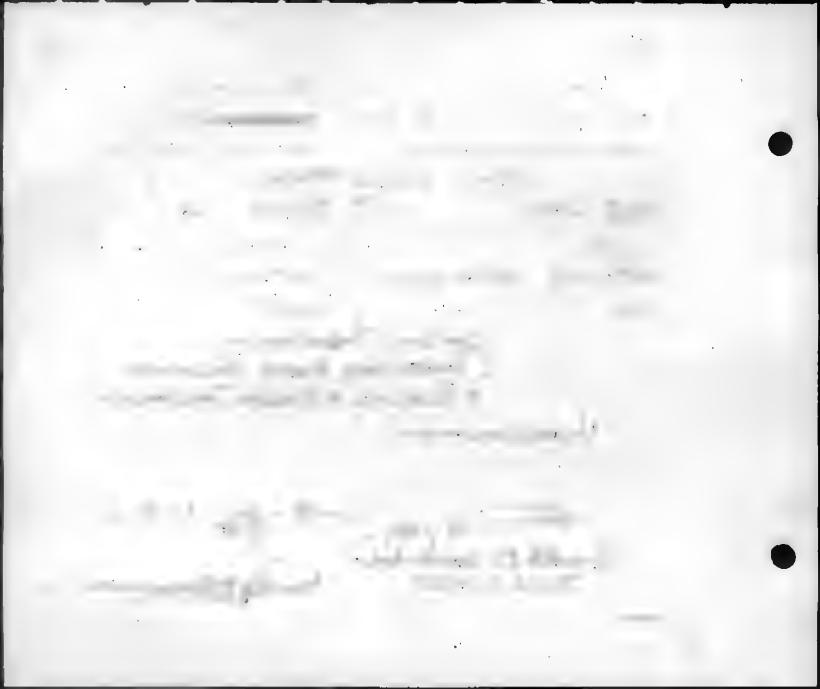
and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician. ove carbon papers. Pages I and completely filled in by the TD FUNERAL DIRECTOR: After this cert-ficate has been signed by the attending physician director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the

VR A15 (4) 2DM 1/65

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	MARYLAND STATE DE	PARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, M/	ARYLAND
_	00262 CERTIFICAT	E OF DEATH	00255
i.	PLACE OF DEATH a. COUNTY A	2. USUAL RESIDENCE (Where deceased lived, If institution: Re-	sidence before admission)
	BALTIMORE MARYLAND	a. STATE ARYLAND b. COUNTY BA	TIMARR
-	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL a	
	BALTIMORE It 35 min	Rueal Tim	MUINO
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	/ e. IS RESIDENCE
(TREATER BALTO, MEDICAL CENTER	2217 EASTRIDGE RD	YES NO P
3,	NAME OF First Middle DECEASED TITLE	DE DOMANGE 4. DATE Month	Oay Year
	(Type or print) + KANK =UGENE	DE DOMINICIS DE	19 1966
5.	SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED NIVORCED OLVORGED	8. DATE OF BIRTH 7/28/03 9. ACE (In years IF UNDER 1 las birthday) Months C	YEAR IF UNDER 24 HRS. Days Hours Min.
102	. USUAL DCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR Ing most of working life, even if retired) 110y (NDDSTRUCHEL)	11. BIRTHPLACE (County & State, or fu. eign country) 12. CIT	IZEN OF WHAT
C.	lerk UNK Contractor		A Zx
13.	FATHER'S NAME	14. MOTHER'S MAIOEN NAME	
	ANTHONY DEDOMINICIS	APPUGLIESE	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	orinda Denominicis, sister, abov	re.
	DLNKN 212-03-1855	CHART	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	16m DOSIS	ONSET AND DEATH
	4 14 DUE TO 7. D		
	Cenditions, if any, which (b) L 1155EC TYG	HORTIC HUBURYSM	
	gave rise to immediate cause (a), stating the OUE TO	LC STUD	a.
_	underlying cause last. (c) C KUPTU CE	F-CHRDIAC IAMVONADE	
110	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ICA	1+xPERTENSION		YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 7 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING 7 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of Injury In Part I or Part II of Item 18.)	
EDICAL		ACE OF INJURY (Home, Jarm, 20f. (City or town) (Goun	ty) (State)
03	Hour a.m. While Not While	ory, street, affice bldg., etc.)	

MEDICAL CERTIFICATION p.m. 19 at work ___ at work 21. I certify that (I) Athis hospital) 1966, and that death occurred 520, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SICNED ATTENOING PHYS. MED. DIRECTOR STAFF PHYS. PHYSICIAN'S NAME (Type) 22d. ADDRESS 22c. entombmerit (specify) 23b. NAME OF CEMETERY OR CREMATORY ION (City, town or county) (State) 1/22/66 Lorraine Mausoleum (Woodlawn)
REGISTRAR'S SIGNATURE Maryland 24. FUNERAL DIRECTOR
Schimunek Funeral Home, Inc.
3331 Brehms Lane #13 REC'O BY RECISTRAR N 24 1966 25a. 25b.



VR A15 (4) 15M 9/60

MARYLAND S	TATE	DEPARTMENT	OF HEALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00263 CERTIFICATE OF DEATH (1)(1)256

-1						
2	1. PLACE OF DEATH a. COUNTY		1	2. USUAL RESIDENCE	(Where deceased lived, If In	stitution, Residance batore admission)
	b. CITY OR TOWN (18 or	utsida corporata limits, va naarest town)	c. LENGTH OF STAY IN 16	Maryla	and	RURAL and give naerast town)
	d. NAME OF HOSPITAL	OR INSTITUTION (if not in	hospital, give street address)	- d. STREET ADDRESS		IS RESIDENCE ON A FARM?
1	Stella Ma	aris Hospice		401 N.	Linwood Ave.	YES NO W
Î	3. NAME OF DECEASED (Type or print)	First	Middia	Last 4	DATE Month OF DEATH 1/26/6	Day Year
	5. SEX 6	COLOR OR RACE, 7, MA		. DATE OF BIRTH	9. AGE (In years)	FUNDER TYEAR IF UNDER 24 HRS.
1	F	**	OWED DIVORCED [] 9	/23/85	80 yrs.	Months Days Hours Min.
1	10a. USJAL OCCUPATION done during most of working	N (Giva kind of work 10)	b. KIND OF BUSINESS OR INDUSTR	Y 11 BIRTHPLACE (County	& State, or foraign country)	12. CHIZEN OF WHAT COUNTRY?
	Saleslady	_	Department_store	Baltimo:	4	USA
1	_ John Denni			Margare	t Anxt	
	15. WAS DECEASED EVER (Yas, no, or unknown) (Ifya	IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. 1		Address	
1	No			Mr. Wm. Geyer	, Ar 156 N. Mi	
		NAS CAUSED BY:	per lina for (a), (b), and (c).)	211.		ONSET AND DEATH
	4991	MEDIATE CAUSE (a)	Cherric Hil	ule! ty		
ı	Conditions, if any,	which) (b)	150 VD.	/		
	gave rise to immediate	causa				
-	(a), stating the under	orlying (c)				
	PART I OTHER SI	GNIF CANT CONDIT ONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART I(a) 19. WAS AUTOPSY PERFORMED?
۱,	5					YES NO VI
	PART II. OTHER SI	CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	, (Enlar natura of injury in Par	t I or Part II of itam 18.)	
	20c. TIME OF INJURY Hour a.m. p.m.	W		CE OF INJURY (Home, form, ory, street, office bldg., elc.)	2Df. (City or town)	(County) (Stata)
1	21. I certify that	t (I) (this hospital) at	tended the deceased from	/31/57 19	10.1/26/66	, 19, that (I) (we) last
	saw the deceased					and on the date stated above.
	22a. SIGNATURE	obert of men	hored "		STAFF	22b. DATE SIGNED 1/26/66
J	22c PHYSICIAN'S NAME (Type)	D W .	2.6 D	22d. ADDRESS	T Ra	min
	53- BUDIAL CREMATION		10n M. D.		Joppa Rd.,	TOWSON (State)
2	23a, BURIAL, CREMATION REMOVAL (Spacify) BURIAL	1-29-196	6 MT. CARMEL	CEMESTRY	BALTIMOR	E MARYLAND
3	11 m. CANK GA	SIGNATURE SIGNATURE	10 SESS YORK	EUI AND FATEB ?	BY REGISTRAR 256, REG	istrar's signature
1	77.77	- LAVI	1	7-27		/



-forth

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tember parbon papers. Pages 1 And 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HERETTAL BE ATTERNED BY THE NORPITAL The law requires that the Beath cartificate be executed within 24 Bours after death.

Page 4 may be retained by the hospital or attending physician.

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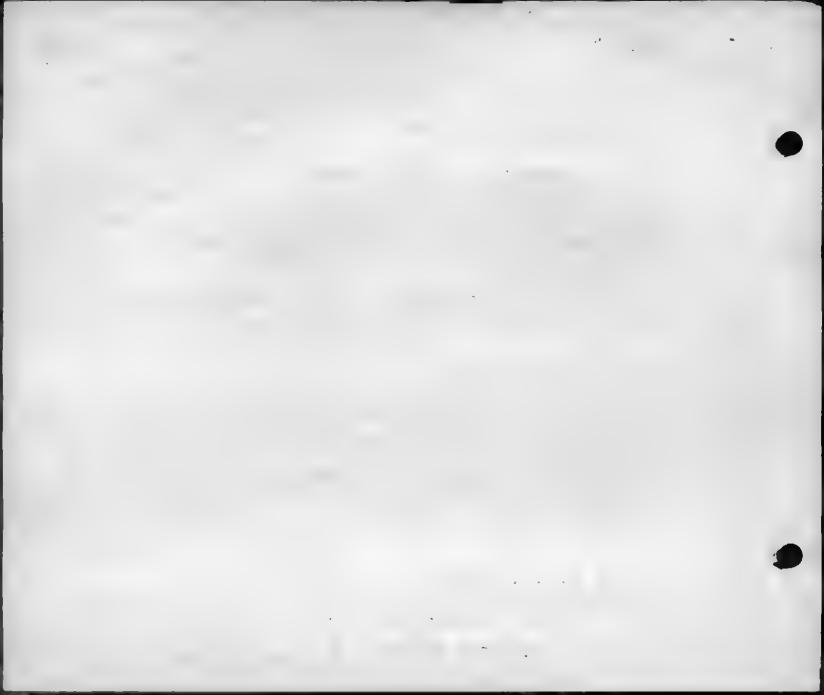
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00264	,		CERTIF	ICATE	OF DEATH			0.0	257	
1.	Baltimo	ore		MAR	YLAND	2. USUAL RESIDENCE a. STATE Virgin		ased lived, If Instit b. COUNTY		ence before admission	on)
	Baltimo	N (If outside corp and give nearest DPO, 212	21.2	c. LENGTH OF STA		c. CITY OR TOWN (II	outside corp	orate limits, write	RURAL and	give nearest tow	(n)
				ospital, give street	address)	d. STREET ADDRESS	,			ON A FARM	CE
		t Nursir			<u> </u>					YES NO.	
	NAME OF DECEASED (Type or print)	_	First na	Weike:		Vivo	4. DATE OF DEATH	Month 1 -	4	1966	
	SEX F	6. COLOR OR RA	WIDOWED	DIVORC	ED 🗍 (. DATE OF BIRTH 3-31-1883		last birthday) M 82 yrs.	onths Day		
10a dui	a. USUAL OCCUPAT ring most of work	ION (Give kind of w Ing life, even if re	ork done 10b. F tired) 1	(IND OF BUSINESS ON NOUSTRY	R	11. BIRT HPLACE (Co		or foreign country)	COUNT	EN OF WHAT	
	Housewi:		Own	n Home		Pennsylv			U. S	. A.	
13			_			14. MOTHER'S MAID					
1 5		er Weike Everinu.s.armei		SOCIAL SECURITY N	0 1 17	Anna Web	er	Address			
		(If yes give war or da		SOURE SECONT I		. Donald	Wilso		ellin	gton Rd	1
_		DEATH [Enter only	Ane cause ner	ine for (a), (b), and		o Donata	WIIIO.	700 11		NTERVAL BETWEE	
		EATH WAS CAUSED	BY:	ebral ?	asci	Var ac	eiden	A	Ö	NSET AND DEATH	H`
	Conditions, If	_	UE TO	topicse	1	2 4 0					
	gave rise to cause (a), si underlying caus	immediate ((b) OUE TO (c)	LUNCOL	un	obless					
CERTIFICATION	PART 11. OTHER S	BIGNIFICANT COND		UTING TO DEATH BUT	NOTRELA	TED TO THE TERMINAL O	ISEASE COND	ITION GIVEN IN PA	RT 1(a) 1	19. WAS AUTOPS PERFORMED? YES NO	7
	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING NG □ CAUSE OF I TIFY MEDICAL EXA	DEATH MINER)	DESCRIBE HOW INJ	URY OCCU	RRED. (Enter nature of	injury in Par	t I or Part II of I	(tem 18.)		
MEDICAL	20c. TIME OF I Hour a.n p.n		ay, Year 20d. While 19 at wor			E OF INJURY (Home, fa y, street, office bldg., e		City or town)	(County)	(State)	
	saw the dec	ceased alive on		ed the deceased		death occurred at	10 M, from		nd on the d		
	22a. SIGNATUI	tan	nois I	VIlue?	ZM.D.	PHYS.	MED. DIRECTOR	STAFF PHYS.	1 5	SIGNED	
	22t. PHYSICIA NAME (T)		rancis	Gluck	W 3	22d, ADDRESS 606 W.	Unive	rsity P	arkwa	y	_
238	REMOVAL (Spe	ecify) _	TE THEREOF	23c. NAME OF C			23d. LOC	ATION (City, town	n or county)) (State)	
C	remation	$n \mid \pm -/-$	-1966	Green Mo	ount		Bal	timore.	ISTRAR'S SI	Md.	
Ħ		nkins &	Sons Cork Road	2	, Md.	25a. REC	7 196	Pist 2 P	reles J	udge	

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MARYLAND STATE DEPARTMENT OF HEALTH

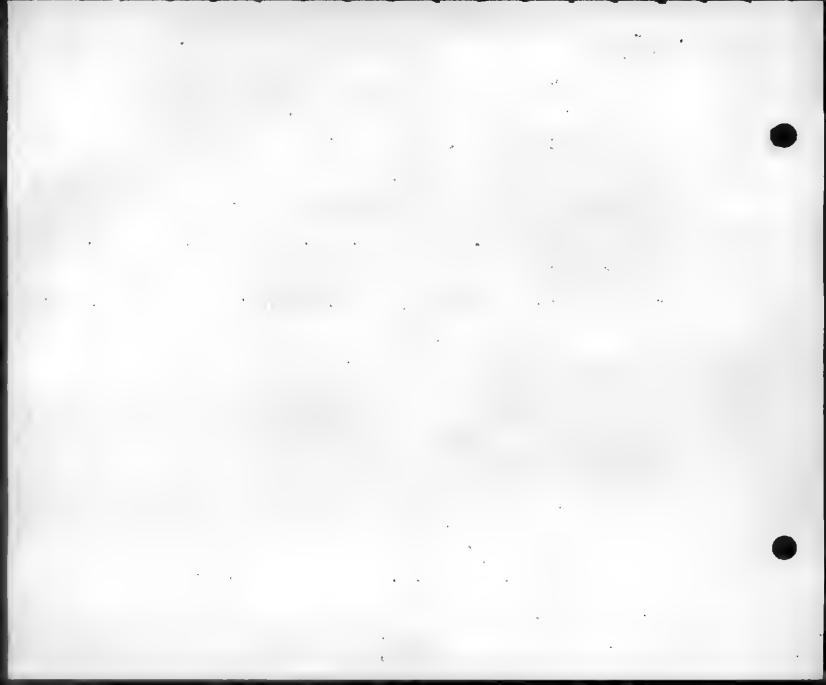


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA CERTIFICATE OF DEATH		MARYLAND STATE DEPARTMENT OF HEALTH
1000	1, MARYLAND	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE
00266 CERTIFICATE OF DEATH	0025!	00266 CERTIFICATE OF DEATH

2	1.	PLACE OF DEATH a. CDUNTY	1				CE (Where deceased		lesidence before admission)
		BAIT TMORE			MARYLAND	a. STATE MARYLAND b. COUNTY FREDERICK			
		b. CITY OR TOWN (if outside corporate limits,			c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (I	outside corporate	Imits, write RURAL	and give nearest town)
		FORT HO	L and give nearest town)		52 DAYS	MT. AIRY			1
	_	d. NAME OF HOS	PITAL OR INSTITUTION	ON (if not in h	ospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE
7		VETERANS ADMINISTRATION HOSPITAL			BOX 181 ON A FARM?				
	3.	NAME OF First DECEASED		Middle	Last	4. DATE	Month	Day Year	
		(Type or print)		UIS	E.	DOTSON	DEATH	JANUARY	13 19 66
	5.	SEX	6. COLOR DR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. ACE	(in years IF UNDER birthday) Months	1 YEAR IF UNDER 24 HRS.
	M	ALE	NEGRO	WIDOWED	DIVORCED D	CTOBER 24,	1887 78	yrs.	Days Hours Min.
	10a	. USUAL OCCUPAT	ION (Cive kind of work ng life, even if retire	done 10b. F	(IND OF BUSINESS DR NDUSTRY	11. BIRTHPLACE (C	ounty & State, or for		ITIZEN OF WHAT
1		ORER	ug me, even ii retiit	'	BER & COAL CO.	MT. AIRY	, MARYLAN		
	13.	FATHER'S NAM	E			14. MOTHER'S MAI			
		SOMERS	ET DOTSON			MARY M	ILBURY		
			VER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address	
		s, no, or unkown)	(If yes give war or dates)	or service)	4-03-5251A CL	IN.RECORDS,	VA HOSPI	TAL. FT HO	WARD. MD.
	-			,				,	INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSED BY: "Of mon arcy In FARCTON							ONSET AND DEATH	
A A							,,		
		Conditions, If any, which }							
		gave rise to		(b)	-				
		cause (a), si		-10	Bronch	opheum	on 14		
	PERFORM								119. WAS AUTDPSY
4									PERFORMED?
1	FI.	YES [X] NO [[44]
	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) B DR CONTRIBUTING CAUSE OF DEATH CAUSE OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)							•/	
	MEDICAL	20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town)							unty) (State)
	9	Hour a.n	-	While at wor	- Not walle	il à l'atteer durca pide	5.0.)		
	21. 1 certify that (X (this hospital) attended the deceased from 11/22/65, 19, to 1/							3/66 19	thatQf) (we) last
		saw the deceased alive on 1/13/66 19 , and that death occurred at 7:40 M/From the causes and on the date stated above.							
		22a. SICNATURE 22b. DATE SIGNED							
		M.D. PHYS. M.D. STAFF 1/13/66							
1	П	22c. PHYSICIAN'S 22d. ADDRESS							
1		NAME (Type) ANDRES A. ACOSTA, M. D. VAH FORT HOWARD, MARYLAND							
	ž3a		ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETER)	OR CREMATORY	23d. LDCATI	ON (City, town or co	unty) (State)
-		BURIAL (Spe	Jan. 1	7, 196	6 BALTIMORE NA	TIONAL	BALTIN	MARYI	AND
1	29	FUNERAL DIRE		-14-	ADDRESS		C'D BY REGISTRAL	RI 25b. RECISTRAR	'S SIGNATURE
1	Olin I Molesunte MOLESWORTH FUNERAL HOME! 17 1956 Concumbar Ju						Judge.		
		C/D			DAMASCUS MAT	TAND! DAIL		14	-4 -17 -

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then plass, remove carbon papers. Pages 1 and 5 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and Ip any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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1

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the "It includes hystician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transil permit. The peace remove carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transil permit. The peace remove is any event, within 72 hours after leafth. FOR HOSPITAL OR EXTENDING PRYMICEN: The law requires that the Leath certificate be executed within 14 lours after leath.

Page 4 may be retained by the hospital on attending physician.

maryland state department of health division of statistical research and records, 301 w. preston street, baltimore 1, maryland 00263 Certificate of death 00263

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltinors						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
Write RURAL and give nearest town) TOW 30 N	Baltimore 21234 03-/						
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
St. Joseph Hospital	8309 Kendale Road YES No 2						
3. NAME DF First Middle TY 7	Last 4. DATE Month Day Year						
(Type or print) Herbert \mathcal{J}_{s} Do	ouglas DEATH January 3 1966						
7. MARKIED THEY MARKIED	B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.						
Male White WIDOWED DIVORCED	6-25-05 60 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Peneton Machinist Social Security	Virginia 1/2						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Dariel Douglas	Bessie Dunawau						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) ((1) yes give war or dates of service)	INFORMANT Address						
l a a made made	rs Anna Douglas saw						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	O INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY: Pulmonary Emphysems	with Sclerotic Heart Disease						
DUE TO							
Cenditions, if any, which) (b)	Conditions if any which \						
gave rise to immediate (gave rise to immediate (
cause (a), stating the (DDE TO underlying cause last,							
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 129. WAS AUTOPSY							
PERFORMED? YES NO T							
203. ACCIDENT WAS LINDERLYING 17 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 1 of Item 18.)							
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
Santa	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)						
Hour a.m. p.m. 19 While Not While racto	17, au est, o inco Diag., a t.c.)						
21. I certify that (I) (this hospital) attended the deceased from Dec	cember 1 1965 to January 3, 1966, that (I) (we) last						
saw the deceased alive on January 3 1966, and that	the death occurred at 5 - 30%, from the causes and on the date stated above.						
22a. SIGNATURE	22b. DATE SIGNED						
ton 100 R. Consumed M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.						
22c. PHYSICIAN'S	22d. ADDRESS						
NAME (Type) Teodoro R. Carangal	7620 York Rd. Baltimore 21204 Md.						
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)							
Pariswood (
24. FUNERAL DIRECTOR ADDRESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE						
Leonard J. Ruck Inc. Balto. Md. 21214 priAN 6 1966 Policy Judge							

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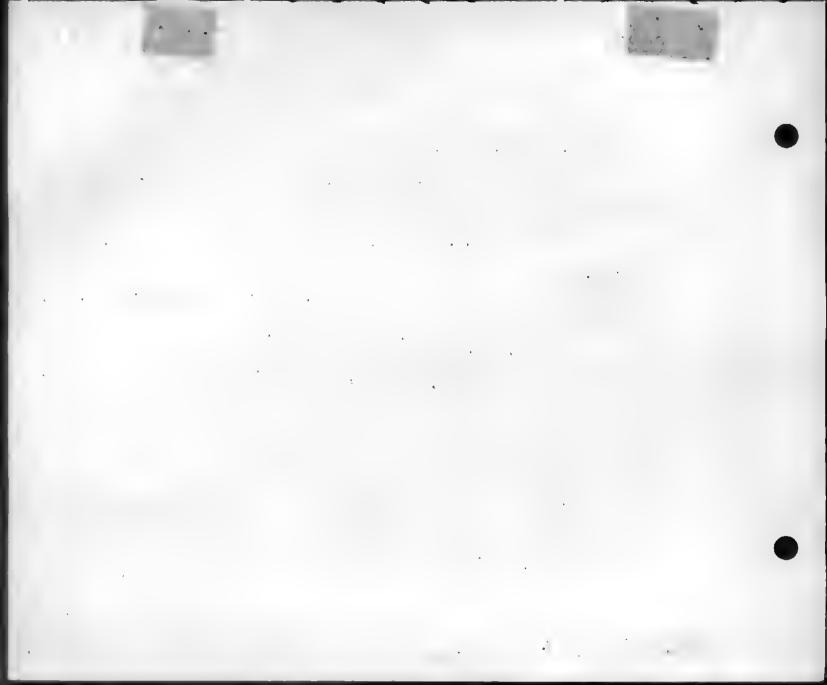


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral after death. and 2 PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b etely filled in by bon papers. Page within 72 hours a write RURAL and give nearest town) hours FORT HOWARD 67 DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL etely executed within completely ve carbon NAME OF First Middle Last DECEASED event, (Type or print) FLOYD DOWDY 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED ian and con e remove d'many eve 5. SEX 8. DATE OF BIRTH MALE WIDOWED [DECEMBER DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done, 10b. KIND OF BUSINESS OR certificate be during most of working life, even if retired) INDUSTRY eas and CLERK U.S. POST OFFICE a 13. FATHER'S NAME ing pt remova HENRY D. DOWDY endi transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. death (Yes, no, or unknown) | (If yes give war or dates of service) PL 28 the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] law requires that the been signed by the burial-transit or to burial, crema PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA, DXXXXX Cenditions, If any, which due_bto gave rise to Immediate **DUE TO** cause (a), stating the as th underlying cause last. has CERTIFICATION use for use Health certificate hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: T 40 Ifter this cerild be detached se State Dept. o MEDICAL 20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour a.m. Not While While at work at work retained the 21. I certify that *(this hospital), attended the deceased from. نت shoul ith the and that death occurred at 1 66 MRECT R saw the deceased alive on 22a. SIGNATURE C þe page ATTENDING J. J. PHYSICIAN'S ADDRESS 22c. þ director, should be NAME (Type) HAV FORT NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMAT ON, REMOVAL (Specify) 23b. DATE THEREOF 27/66 BURIAL 24.

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE - 21207 e. IS RESIDENCE ON A FARM? CARMINE AVENUE NO X YES DATE Month Day Year 4. JANUARY 25 19 66 DEATH AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS 9, last birthday) | Months | Days Hours Min. 48 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? BALITIMORE. MARYLAND U.S.A. 14. MOTHER'S MAIDEN NAME AMANDA THORPE Address 4840 Carmine Ave. STRATION HOSPITAL RECORDS się H. Dowdy 4840 ŁTERANS ADMINISTRAT INTERVAL BETWEEN ONSET AND DEATH HEMATEMESIS, PULMONARY EDEMA AND FOR OF SITE CARCINOMA CARDIAC END OF STOMACH WITH YEARS INFILTRATION OF THE ESOPHAGUS AND PANCREAS WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES X NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) :OnAfform the causes and on the date stated above. DATE SIGNED STAFF MED. DIRECTOR PHYS. HOWARD, MARYLAND 23d. LOCATION (City, town or county) (State) BALTIMORE. MARYLAND REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. FUNERAL DIRECTOR I Ellsworth Armacost Funeral Ghape

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4)

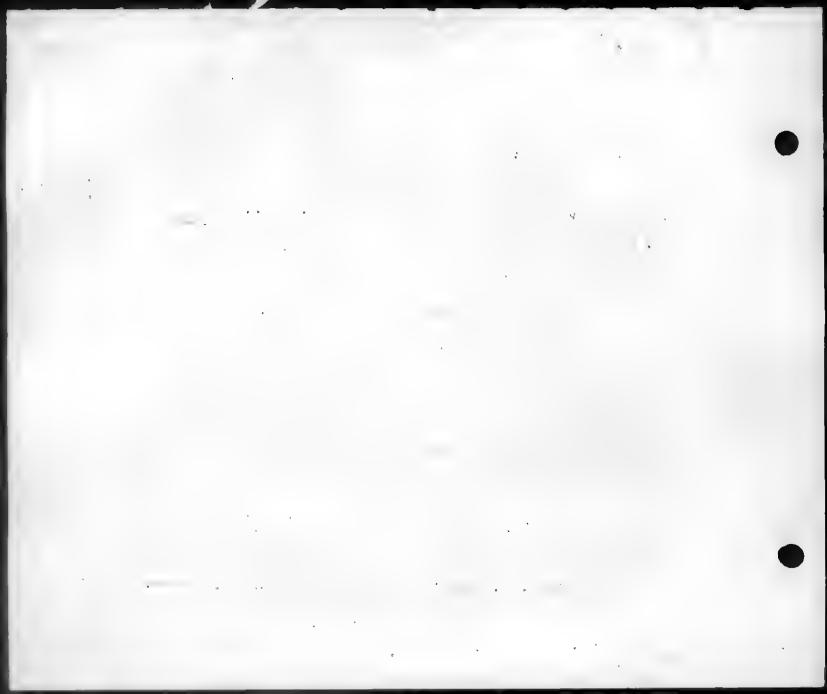


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. mxmcutmd within 24 murs affer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retains by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-		- 0	(1 Co For U 10)
1,	PLACE OF DEATH a. COUNTY ()	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	Baltimare MANYLAND	a. STATE b. COUNTY	
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. City OR TOWN Of outside corporate limits, write RURAL	and give nearest town)
	Randalletoun	Boltimpre :-	/
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		e. IS RESIDENCE
L	Baltimere Cumity Gen. Asp.	2700 Ellicatt Dr.	ON A FARM?
3.	NAME OF First Middle Middle	Last 4. DATE Month	Day Year
	(Type or print) Querett they Du	nlapp OF DEATH	19 1966
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	I and hiteline and the	YEAR IF UNDER 24 HRS.
1	m widowed Divorced	3-27-1912 53 yrs. Months	Days Hours Min.
10a dui	1. USUAL DCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR INDUSTRY INDUSTRY		TIZEN OF WHAT UNTRY?
	LAD Beth-Steal	ANSONVILLE N.C.	IS.A.
13	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JAMES DYNIAP	Addie M. Ingram	
15 (Y)	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDC IAL SECURITY NO. 17.	INFORMANT Address	
``	NO 211-09-6490 Je	NNIE DUNIAP. 2700 Ellicot	T Dr.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	Carringles.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Tranca June	- Cracino - C	
	DUE TO		
	Conditions, if any, which gave rise to immediate (b)		
	cause (a), stating the DUE TO		
	underlying cause last. (c)		
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTDPSY
:AT			PERFORMED?
F	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	SIDDED (Fator active of lating to Book I as Book II of Book II)	YES NO
CERTIFICATION	DR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.	
1		ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)
MEDICAL		ory, street, office bldg., etc.)	ity) (State)
ME	p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from	Jan. 18, 1966 to Jon. 19, 196	6, that (I) (we) last
	saw the deceased alive on 1900, 19 1966, and the	at death occurred at 2.45 M, from the causes and on the	e date stated above.
	22a. SIGNATURE	22b. D/	TE SIGNED
	di. 12. Zurma M.	D. PHYS. DIRECTOR DIR	21-66
	22c. PHYSICIAN'S	1 22d ADDRESS	11.9
	NAME (Type) Dr. L. B. Lerma	Balto. Co. General Ho	spitai
232		Y DR CREMATORY 23d. LOCATION (City, town or cou	nty) (State)
1	REMOVAL (Specify) 1-23-66 ANSONville .		A. C
24		1 258 REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	1 1 0 0 61 100 1 57	PATE JAN 2 1 1986 / LL	les Juage
1 5V	MAKTANI HUBII TITI IIDI KAUTENS OI	I DATE JAIN & - 1000 //	// -//

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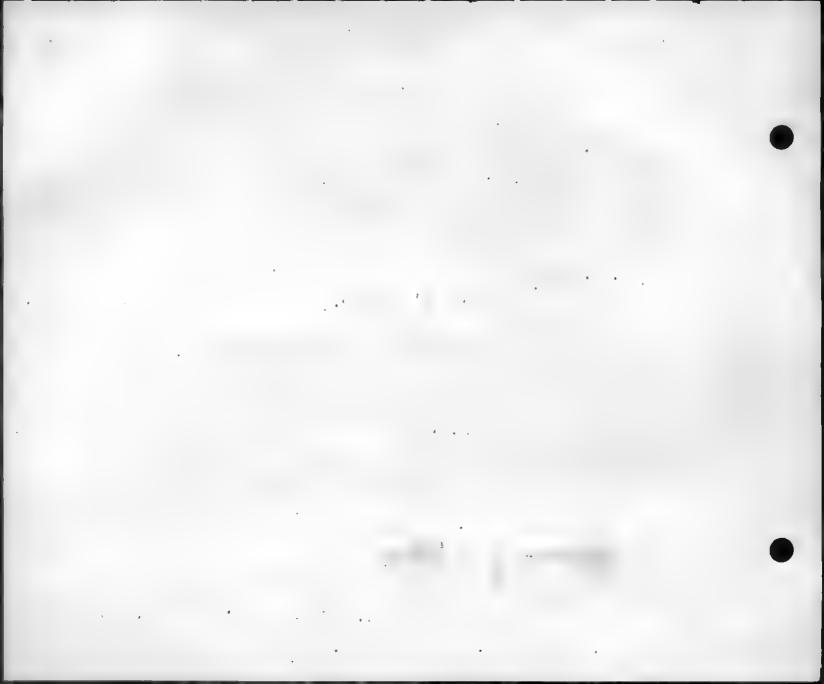


	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAN
00270	CERTIFICATE OF DEATH	002
PLACE OF DEATH	II O HEIM DECIDENCE (When Joseph Steel 12 instituti	ana Davidenau hafe

1. PLACE OF DEATH			2. USUAL RES	IDENCE (Where deceases	d lived, If institution	: Residence before admission)		
e. COUNTY	Baltimore	MARYLAND	a. STATE	Maryland	b. COUNTY			
b. CITY OR TOWN (if or	utside corporate limits, ve nearest town)	c. CITY OR TOY		te limits, write RUR	AL and give nearest town)			
write RURAL and gi	ve nearest town)			Baltimore	_ 2120			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			RESS	- 2120	e. IS RESIDENCE		
					0.1	ON A FARM?		
	St.Joseph Hospital				ger Street			
3. NAME OF DECEASED	First	Middle	Last	4. OATE OF	Month	Day Year		
(Type or print)	Madge		Durst	DEATH	Jan.	12, 1966		
	LOR OR RACE 7. MARRIEO	MEVER MARRIED [8. DATE OF BIRT	H 9. AG	E (In years IFUNDI st birthday) Months	ER 1 YEAR FUNOER 24 HRS.		
	hite WIDOWED	DIVORCEO	7-23-25	40	yrs.	Julys Hours Mill.		
10a. USUAL OCCUPATION (Girduring most of working life	ve kind of work done 10b. K	INO OF BUSINESS OR NOUSTRY	11, BIRTHPLA	CE (County & State, or fo		CITIZEN OF WHAT		
Homemaker		wn home	Virgin	Virginia COUNTRY?				
13. FATHER'S NAME			14. MOTHER'S					
C. B. /	Addison		Ju]	Julie Robinson				
15. WAS DECEASED EVER IN	U.S. ARMEOFORCES? 16.	SOCIAL SECURITY NO. 17,	INFORMANT		Address			
(Yes, no, or unkown) (If yes;	give war or dates of service)			ell Durst		Eager St.		
No No								
	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH was CAUSED BY. ONSET AND O							
IMME	IMMEDIATE CAUSE (a) Metastatic carcinoma of ovaries to abdominal							
1750	1/50 DUE TO Wall							
	Conditions, if any, which (b)							
	gave rise to immediate cause (a), stating the OUE TO							
underlying cause last.	underlying cause last. (c)							
PART II. OTHER SIGNIFIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
[EA]	Preumonia Performed? YES NO 2							
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UI OR CONTRIBUTING (IF EITHER, NOTIFY MI								
G (IF EITHER, NOTIFY MI	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
)	NJURY OCCURRED 20e, PL	ACE OF INJURY (Ho	me, farm, 20f. (City	or town) (C	County) (State)		
Hour a.m.	While	Not While fact	ory, street, office bl	dg., etc.)				
1								
,	21. I certify that (I) (this hospital) attended the deceased from Jan. 3, 1966, to Jan. 12, 1966, that (I) (we) last							
saw the deceased	saw the deceased alive on Jan. 12, 1966, and that death occurred at 5:20M, from the causes and on the date stated above.							
22a. SIGNATURE		7/100	ATTENOING -	MEO.	STACE			
TICON.	FIGURE USO 1.5, YILLE M.O.				DIRECTOR PHYS. DIAN.12, 1966			
22c. PHYSICAAN'S NAME (Type)	Alphonso Y.	S.Rhee		York Road	27.2	011		
					_ 212			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23c. NAME OF CEMETER			ION (City, town or o	_		
<u>Burial</u>	1/17/66	Baltimore,				d.		
24. FUNERAL DIRECTOR		ADDRESS		REC'O BY REGISTRA	a m t			
JOHN F. DI	ENNY, INC.	715 Light S	t. DAT	AN 17 1968	3 years	ly Judge		

VR AI5 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified Page 4 may be retained by the Mospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 7. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission, PLACE OF DEATH a. COUNTY Baltimore b. COUNTY Marvland Baltimore 후 7 년 MARYLAND by the c. CITY OR TOWN (If outside corporate limits, write RURAL end give neesest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in the Pages 1 hours after Idlewvlde Idlewylde d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? YES NO T 1124 Overbrook Road 112h Overbrook Road completely papers. 3. NAME OF 4. DATE Éust Last Month Middle 2 DECEASED OF (Type or print) DEATH 1966 Ebbert. January within George Dewev carbon IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR last birthdey] pue Months Mouse October 31. 1895 Male White WIDOWED DIVORCED physician BAN B 12. CITIZEN OF WHAT COUNTRY? **FURNOVB** 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) USA Maryland Commercial Plumber 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please ding John Ebbert Jennie Ambroie aften 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give wer or dates of service) 112h Overbrook Road Tsabelle Ora Ebbert the permit. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). INTERVAL RETWEEN physicien. signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) the burial-transit DUE TO effending Conditions, if eny, which certificate has been (b) geve rise to 'mmediate cause DUE TO (e), steting the underlying causa lest 9 PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? as 0 NO 4 655 prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Part | of rtem 18) 20s. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After this detached 20e, PLACE OF INJURY (Home, ferm, 20f. (City or fown) (County) (State) 20d. INJURY OCCURRED I 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While While Hour e.m. MEDI at work et work 1 DIRECTOR p. m. 19.60 that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from 3 should (a), and that death occured at 1 ..M. the causes and on the dete stated ebove. from saw the demased alive on. 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. death. Page 4 O FUNERAL Page 22d. ADDRESS 22c. PHYSICIAN S NAME Type TO FUNE director, 1 Laurence Ca Post York Road 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 123b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Woodlawn Baltimore County 966 Ruria Whodlawn Cemetery 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 125b REGISTRAR'S SIGNATURE VR A1S (4) Funeral Burgee Falls Road 1544 7,61 3631



15M 7-62

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edm sslor) a. COUNTY b. COUNTY Baltimore Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and alve neerest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 5yrs. 21204 Towson OWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 405 Alabama Rd. 405 Alabama Rd. 3. NAME OF Middle DATE Month DECEASED OF (Type or print) HMANN DEATH 6. COLOR OR RACE 9. AGE (In years | IF UNDER I YEAR) - MARRIED NEVER MARRIED 6/last birthdey) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Electrical Engineer Martin Co. New York, N.Y. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna L. Kaufmann Walter J. Eschmann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes no, or unkown) (Ifyes give werer dates of service) Mabel Eschmann. 405 Alabama Rd. Towson 21204 18. CRUSE OF DEATH lenter only one cause per line for (a), (b) and (c),) PART I. DEATH WAS CAUSED BY: EREBROVASCULAR ACCIDENT IMMEDIATE CAUSE (e) **DUE TO** HYPERTENSION Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying couse last. CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER! 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm,) 20c. TIME OF INJURY Month, Doy, Yeer 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. this hospital) attended the deceased from NOV saw the deceased alive on. 22e SIGNATUR ATTENDING MED PHY5 DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS director, pe filed v 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Bunial Moreland 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T (County) (State) 19.66, and that death occurred all 30 MM, from the causes and on the date stated above. DATE SIGNED 23d, LOCATION (City, town or county) Baltimore, Md. 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE Wm. Cook-Brooks Towson, Towson, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

Day

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

e. IS RESIDENCE ON A FARM?

YES NO H

66 19 IF UNDER 24 HRS.

Y and

. 7 t 1 - , - , coric 1 . in a cortin Co. 212 10 7, * * 1 1,2.,2 · Complete the state of the sta

188

funeral The law requires that the death certificate be executed within 24 hours after than physician physician and death. Page 4 Ver be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending

director, page 3 sh be filed with the St

VR A15 (4) 15M 7-62

22c. PHYSICIAN'S NAME (Type)

MARYLAND STATE D	DEPARTMENT OF HEALTH
00273 CERTIFICAT	TE OF DEATH
PLACE OF DEATH a. COUNTY Reltimore b. CITY OR TOWN (if outside corporate limits, wille RURAL and give neerest lown) c. LENGTH OF STAY IN 1b	
Reisterstown 5 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite, give street eddress, Bent Nursing Jome	Beltimore d SYREET ADDRESS 5606 M elville Ave. 20 - 44 is RESIDENCE on A FARM? YES \(\) NO \(\) YES \(\) NO \(\)
NAME OF First Middle DECEASED (Type or print) Mary	Essers C. DATE Month Dey Year Jenuary13 19 66
SEX Omale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED 7 DIVORCED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last, birthday) 76 yrs. 12 CITIEN OF WHAT COUNTRY
Da. USUAL OCCUPATION (Give kind of work fone during most of working life, even if retired) Daivete Toric	"S.1.
J. FATHER'S NAME Unknown	Unknown
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] PART I. DEATH WAS CAUSED BY:	INFORMANT Roltinone City Welling Interval Between onser and Death onser and
+ .: ') DUE TO	otic C.V. Disease years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ED (Enter nature of in very in Part I or Part II of Itam 18.) LACE OF INJURY (Home, farm, 201. (City or town) (County) (State)

fectory, street, office bldg., atc.) While Not While Hour a.m.

at work el work 22b. DATE 22a. SIGNATURE

north E. Strad 22d. ADDRESS robel. M.D. 18 Main St. Reisterstown, 1.d. Martin E. Strobel, M.D.

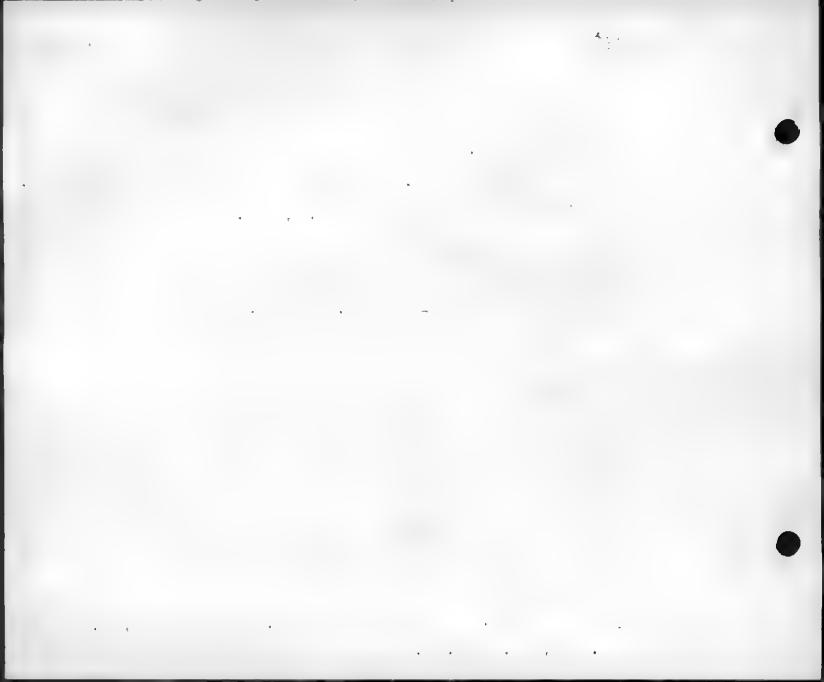
236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE

MED. STAFF PHYS.

13-66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a COUNTY Baltimore a STATE Maryland Page b (OUNTY Baltimore b City OR TOWN (if outside carporate mits, write RURAL and THE RESEARCE) C LENGTH OF STAY IN 16 c CTY OR TOWN (If outside corporate imits, write RuRAL and give nearest town) pup P.M3 Baltimore #24 d. NAME OF HOSPITAL OR INSTITUTION (If not in traspitar, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? haurs 8010 Lansdale Road 8010 Lansdale Rd. State NO PC alang with 3 NAME OF First Middle 4 DATE Month DECEASED he Iona Fanton January 19 66. (Type ar print DEATH S SEX 6 COLOR OR RACE 8. DATE OF B RTH 9 AGE (n years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last buthday) White Female Dec. 2, 1918. 24 haurs Oa USUAL OCCUPATION (Give kind of work dane 11 BIRTHPLACE (State or fareign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during mast at working life, even if retired)
Clerical Maryland IISA pencil in Examiner's 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAMI John Wolfe Grace Scherman 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, na arunknown) (I yes a ve wor ar dates of service remayai (Same) Mr. Charles T. Dotson No IB CAUSE OF DEATH (Enter on y one couse per line for fa)
PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) word certificate shauld matian, Conditions, if any, which gave rise to immediate cause (a), DUE TO D stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? prior ta 20g EXTERNAL PAUSE WAS 20b DESCRIBE MOW INJURY OCCURRED (Enter noture of in ury in Part I or Port II of item 18) PRIMARY DATCONTR BUTING D CALISE OF DEATH 20c TIME OF NIJRY Manth, Day Year 5 may be retained far your O FUNERAL DIRECTOR: Page at wark 21 I certify that I took charge of the remains described above, held an Autopsy []. Inspection the funeral directar. deoth resulted fram: Natural causes . Accident . Suicide V Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER 800 Mo Borels 15 149 Chytowy Lorrow 147 NULL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b DATE THEREOF 23d. LOCATION (City or Town) REMOVAL/Specify) 1/31/66. Moreland Memorial Cem. Baltimore. 24 FUNERAL DIRECTOR ADDRESS 250 REC D. BY REGISTRAR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME (5) 6M 1/66

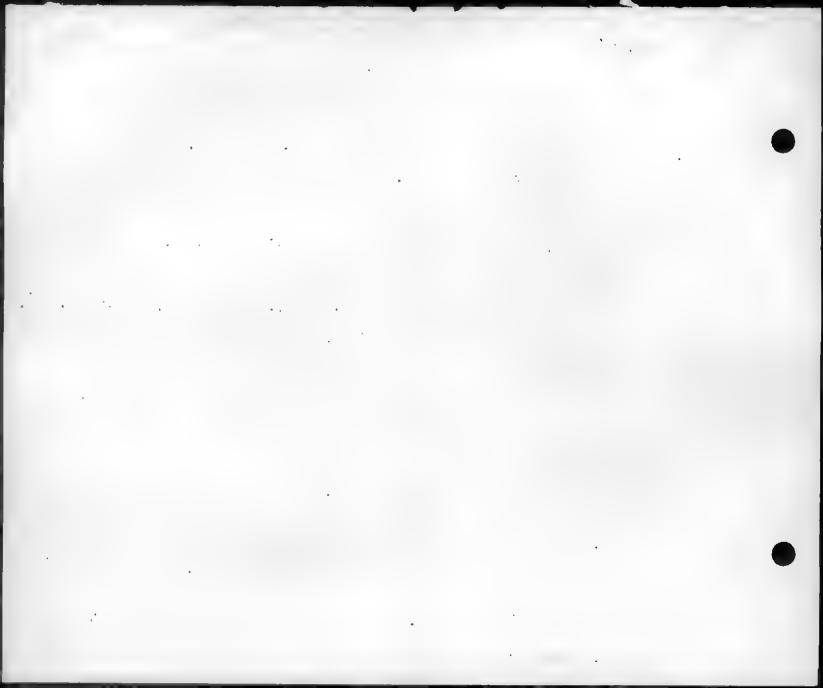


TO FIGURE INTECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-fransit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the leath certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00275
CERTIFICATE OF DEATH

1.	a. COUNTY				a. STATE	h count	Itution: Residence perore admission)
		Imore		MARYLAND	Marylar	nd Ba	ltimore
	write RURAL TOWS	N (if outside corporat and give nearest town On	e limits, i)	c. LENGTH OF STAY IN 15	c. City or town (if Towson	outside corporate limits, writ	te RURAL and give nearest town)
_	d. NAME OF HOS	PITAL OR INSTITUTIO	N (If not In h	ospital, give street address	d. STREET AOORESS		e. IS RESIDENCE ON A FARM?
53	1 Stevens	son Lane -		Hill Manor	110 Bu	rke Ave. 4	YES ND
3.	NAME OF DECEASED	Fir		MIddle	Last	4. DATE Month	Oay Year
	(Type or print)		zabeth		Finn	DEATH January	
	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIEO	8. DATE OF BIRTH	9. AGE (In years I	FUNDER 1 YEAR IF UNDER 24 HRS. Months Onys Hours Min.
	Female	White	WIDOWED		7/21/1899	66 yrs.	
10a dur	. USUAL OCCUPAT	ION (Give kind of work o	one 10b. F	KIND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State, or foreign country)	12. CITIZEN DF WHAT COUNTRY?
		te Saleswom			Harford	County, Md.	
13.	. FATHER'S NAM	E			14. MOTHER'S MAIO	DEN NAME	
	Micha	el Sulliva	a		Etta Mora	in	
15	. WAS OEC EASED	EVER IN U.S. ARMED FDI (If yes give war or dates of	RCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT	Addres	16 Charles St.
l '''	No	None	aci vilaci	Mi	cs. John B. M		owson, Md. Ave.
	18. CAUSE OF	DEATH [Enter only one	cause per	line for (a), (b), and (c).]	Marcand	194	INTERVAL BETWEEN DISET AND DEATH
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE		marine.	92+221211	for 2 2 : 6.	- DASEL MAD DEATH
	4201	ONE .	1/6/	Marine San for for	1		
Ш	Conditions, If	any which \	(h)				
	gave rise to	Immediate (
	cause (a), si underlying caus	ating the	(c)				
No				UTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL (DISEASE CONDITION GIVEN IN P	PART 1(a) 19. WAS AUTOPSY
FICAT							PERFORMEO? YES NO
CERTIFICATION	20a. ACCIOENT DR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING [] NG [] CAUSE OF DEAT FIFY MEDICAL EXAMIN	H (ER)	OESCRIBE HOW INJURY OC	CURREO. (Enter nature of 	f injury in Part i or Part II of	18.)
		NJURY Month, Day, '	1	INJURY OCCURRED 20e. P	ACE DF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
MEDICAL	Hour a.n	n	While at wor	Not While fac	tory, street, office bldg., e		
	21. I certif	y that (i) (this hosp	ital) attend	led the deceased from	5 - 19 1	9/2, to 1 - 20	_, 196-, that (1) (we) last
		eased alive on	1 = 27	<u> 19८ ← ,</u> and th	at death occurred at	// M, from the causes a	and on the date stated above.
	22a. SIGNATUI	E 7	1	4	ATTENDING	MED STAFF	22b. OATE SIGNED
	-/-	111	201	Ill N	.O. PHYS.	DIRECTOR PHYS.	1/2/12
	22c. PHYSICIA NAME (T)		Sin	7/1	22d. AOORESS	the fact	(13) + (13)
232	BURIAL, CREM		HEREOF	23c. NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION (City, to	**
	Burial	1 1/22/1	966	St. Franci	s Cemeterv	Abingdon, Ma	ryland
24	. FUNERAL OIRE	CTOR		PORESS	nd (7 25%. RE	C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE
2	Vm. L.	Tuckner!	Low	morth Lo	E ave DATE J	AN 21 1966 /	

VR AI5 (4) 20M 1/65



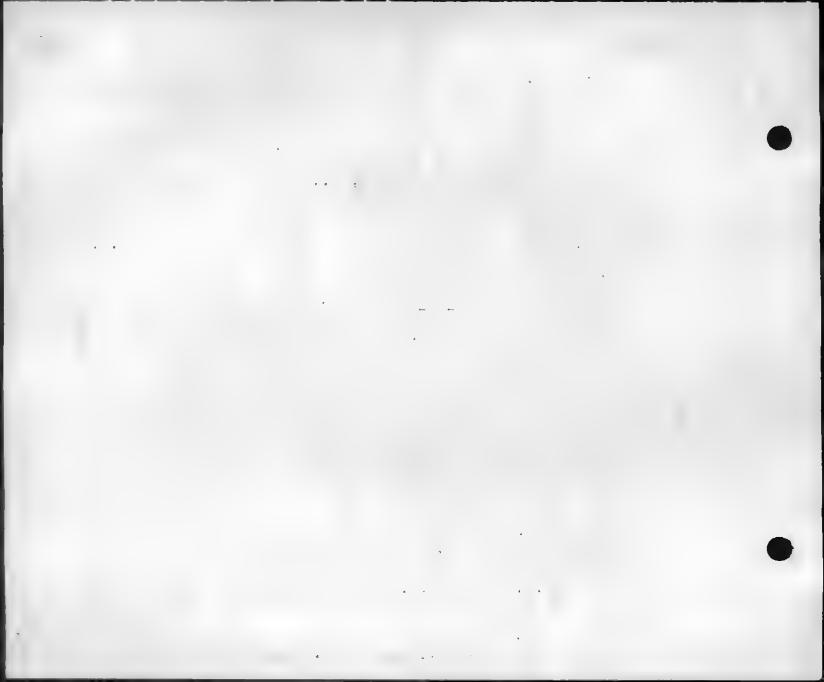
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRICTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after peath. 24 hours after death. executed within TO MOSPITAL TR ATTEMBING MINIMAN. The law requires must the denth certificate of Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
		a. COUNTY Beltimore MARYLAND	a. STATE Baryland Baltimore
1			C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Т		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
		Eastwood (24) 12 years	Eastwood (214)
		d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
-		7055 East Baltimore Street	7055 E. Baltimore Street VES NO IX
	3.	NAME OF FIRST MIDDLE ASED	Last 4. DATE Month Day Year OF
-	_	(Type or print) ABDOO ELIAS FODEL,	Sr., DATE OF BIRTH 19. AGE (In years I FUNDER 1 YEAR I FUNDER 24 HRS.
	٥.	7. MARITED X RELEX BRANCIES	last birthday) Months Days Hours Min.
1	m	ale white widowed Divorced 1	May 19,1894 71 yrs.
1	10a. durl	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1		etail Merchant Fruit & Produce	e Lebanon U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1		Elias Fodel	Marion Sarkus
ı	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	(Ye	s, no, or unkown) (If yes give war or dates of service)	3: 77 77 3 3
			mmaline E. Fodel, same as 42
Т	-1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
П	- 1	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	exeriescleids of Sirs
П	- 1	4201 DUE TO	
П	ı	Conditions is one which t	
П	-1	gave rise to immediate	
1		cause (a), stating the DUE TO	
	₌	underlying cause last. (c)	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
	윤1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	(TED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTO-ST PERFORMED?
	2		YES NO X
	É	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
- 1	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
-	MEDICAL	Fanks	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
1	āl	While - Not while -	ry, street, office bldg., etc.)
1	≅	p.m. 19 at work at work	10 1/ - 102 /A a 2 m/ 5 m/ 11 m
1	- 1	21. I certify that (i) (this hospital) attended the deceased from A	ke // , 1962 to 60 c 3, 1965, that (1) (we) last
1			death occurred atM, from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF 7/7/4
		Lack M.D	ATTENDING MED. PHYS. 1/7/66
- 1		22c PHYSICIAN'S	22d. ADORESS
		NAME (Type) B.W. Sollod, M.D.	2900 Dunran Road, Dundalk 21222
1	23a		
		REMOVAL (Specify)	T 111 D-7+4 15 7
1	24	Burial 1/10/66 Gardens of	Faith Baltimore Maryland 1258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
)[0.001 0.00
1	W	alter Brooks bradley Inc., Dundalk	Md. DATIAN I O 1956 Acharles Judge

VR A15 (4) 15M 4-64



Ruck Inc Baltimore,

e. IS RESIDENCE ON A FARM?

Year

19 66

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY

NO T

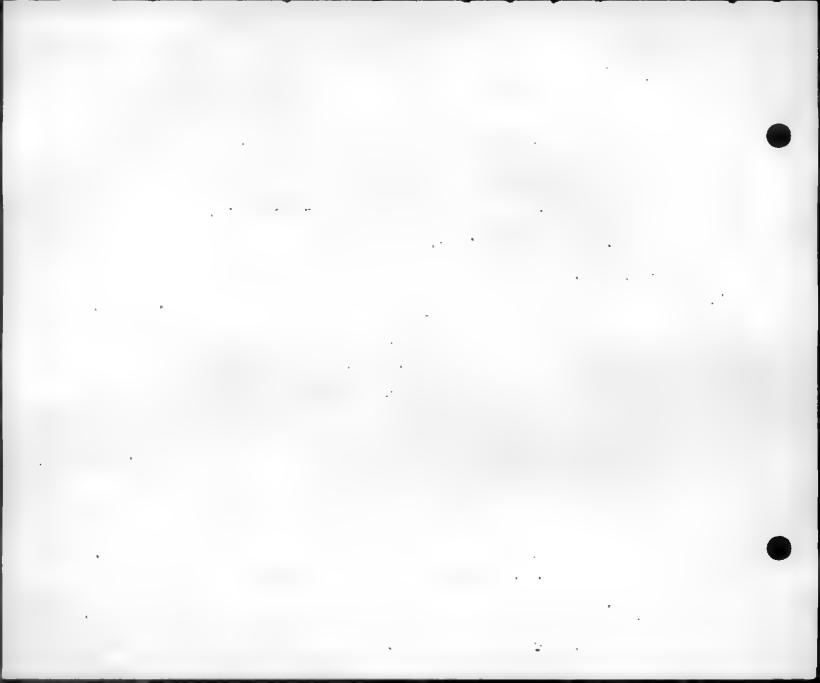
(State)

(State)

PERFORMED? YES X

NO V

VR A15 (4) 20M 1/65





TO MOSPITAL OR ATTEMBING MHYSICINN: The law requires that the denth certificate be elecuted within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	UULIJ Than I	GERTIFICALI	E UF DEATH	1	00979
	1. PLACE OF DEATH	16 11 UN // > / > -/	2. USUAL RESIDENC	CE (Where deceased lived, If instit	
Ł	a. COUNTY		A STATE	b. county	St. mass
ŀ	h CITY OF TOWN (if outside corporate limits	MANY AND	C CITY OF TOWN OF	outside corporate limits, write	RIRAL and give nearest town)
ı	b. CITY OR TOWN (if outside corporate limits write-RURAL and give nearest town)	, c. ELHOIII OI SIAI III IB	2		4 / /
14	oalumore Hyplando		Palles	now High	and col
Ш	d. NAME OF HOSPITAL OF INSTITUTION (If no	t in hospital, give street address)	d. STREET ADDRESS	VI. A	6. IS RESIDENCE ON A FARM?
	29190MIT Ave-		129190	no the	YES NO NO
ľ	3. NAME OF First	Middle	Last	4. DATE Month	Day Year
П	(Type or print) MARGARC T	T M Fas	sler	OF DEATH	30 1966
ŀ	5. SEX 6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. ACE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS.
1	E 14/	TRIED THEYER MARKIED	111/100	last birthday) M	onths Days Hours Min.
		DIVORCED DIVORCED	1 11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT
1	10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even if retired)	10b. KINO OF BUSINESS OR INDUSTRY			COUNTRY?
ı			GERMA	_/	U.S.
ľ	13. FATHER'S NAME		14. MOTHER'S MAIL		1
1	Michael J. SI	IMERL		Schroc	4T
ľ	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	INFORMANT	Address	9
ı	(Yes, no, or unkown) (If yes give war or dates of service)	9	how tosell	2-1115 Ceril	1. Dren - 27
ľ	18. CAUSE OF DEATH [Enter only one cause	per line for (a), (b), and (c).	, ,		INTERVAL BETWEEN
ı	PART I, DEATH WAS CAUSED BY:	CARCINON	A of the	LUNGS	ONSET AND DEATH
1	IMMEDIATE CAUSE (a)				-tt.
1	Conditions, If any, which \	ASCVD			months
1	gave rise to immediate		 		~/
1	cause (a), stating the DUE TO underlying cause last.	nonly			
1		TRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION CIVEN IN PA	RT1(a) 119. WAS AUTOPSY PERFORMED?
ı	T S				YES NO V
1	20a. ACCIDENT WAS UNDERLYING 2	Ob. DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature o	f Injury in Part I or Part II of	Item 18.)
1	PART II. OTHER SICNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	20c. TIME OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, 20f. (City or town)	(County) (State)
1		While I Hot while I I	ry, street, office bldg., e	etc.)	
1		t work at work	IEBR 20 .	2/2 1/44.30	20 (d) that (0 two) last
1	21. I certify that (I) (this hospital) at	ttended the deceased from			., 19 6 (a, that (I) (we) last
	Saw the deceased anve on	19 • Ca, and that	t death occurred at		nd on the date stated above.
1	22a. SIGNATURE	$M \cap \Lambda$	ATTENDING A	MED. STAFF	Tamas 31 (16%
-1	4,0001, 0001, 011	M.C), PHYS.	DIRECTOR PHYS.	January 31, 1860
	22c. PHYSICIAN'S HEHRY AR	MANAS	22d. ADDRESS	vilkeus tre. 1	neto 23, md
	23a. BURIAL, CREMATION, 23b. DATE THEREO	E / 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
	BURIA (Specify) 2-4-19	66 LOUDON P	K. Cem,	BAITIMORE	Md.
1	24. FUNERAL DIRECTOR	A) / ADDRESS/			ISTRAR'S SICNATURE
1	End o Mer Habber	Catonoville - 11	16 1550	1 1000 02/	arles Judat
3	RECON RIGITIONS INTO	and the me	DATE.	ומבנו די	corces Judas

VR A15 (4) 20M 1/65

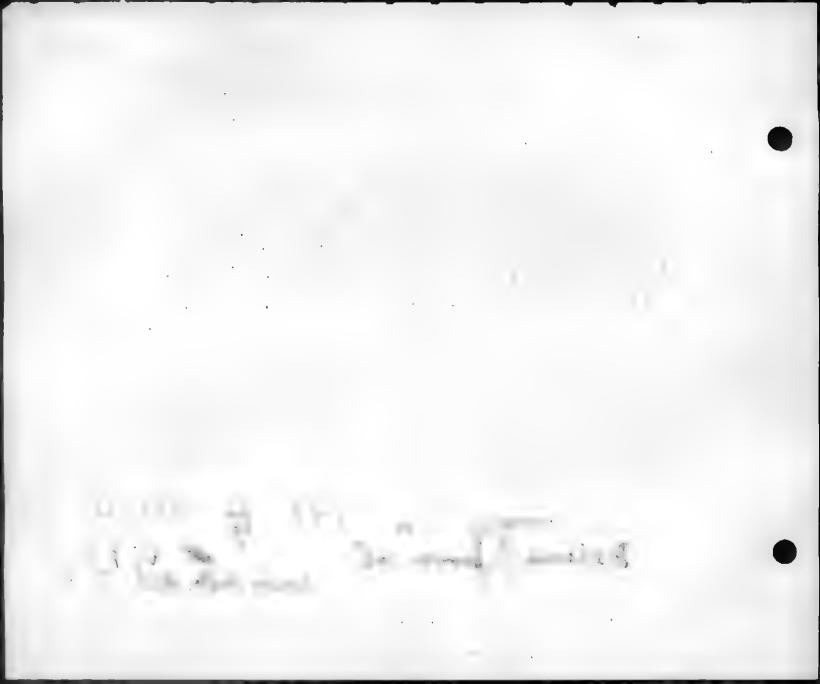


Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The phease remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. The phease remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours attacted death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AIS (4) 20M 1/65

I	DIVIDION OF STATISTIC	MARYLAND STATE DE			
ł	10280	CAL RESEARCH AND RECORDS CERTIFICAT		EEI, BALIIMURE 1, N	MARYLAND 1)19977
	1. PLACE OF DEATH	n=#9 Film=#5373 2/7/6	- DG	deceased lived, if institution: F	Residence before admission
ı	2. COUNTY	MARYLAND	a. STATE	V D b. COUNTY	1 1
ı	b. CITY OR TOWN (if outside corporat write RURAL and give nearest tow	te limits, c. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside of	corporate limits, write RURAL	and give nearest town
	Towson		BALDWIN	mo. ::	./
4	00 0 0 11-	ON (if not in hospital, give street address)	d. STREET ADDRESS	/	e. IS RESIDENCE ON A FARM?
		MOKE MEDICAL CONT	Last 14. DAT	E Month	YES ND Day Year
1	DECEASED (Type or print) A L IC.	F ANNA	FRANCES DE		1 27 1966
١	5. SEX 6. COLDR DR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. ACE (In years IF UNDER	1 YEAR IF UNDER 24 HR
۱	FEMALE WHITE	WIDOWED DIVORCED	1/19425, 1887	88/18 Byrs.	Days Hours Min.
1	10a. USUAL OCCUPATION (Cive kind of work of during most of working life, even if retired	done 10b. KIND OF BUSINESS OR INDUSTRY	LIS BIRTHPLACE (County & St	ate, or foreign country) 12. C	OUNTRY?
1	HOUSE WIFE		1 HOENIX, PIAR	YLAND (1.5.41.
ı	R OLIVER PRICE		ELLA ROS		
ı	15. WAS DECEASED EVER IN U.S. ARMED FO	RCES? 16. SOCIAL SECURITY NO. 17.		Address Address	
ı	(Yes, no, or unkown) (If yes give war or dates of	NONE V	FRANCIES	SAME	
		e cause per line for (a), (b), and (c).]	4		INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY:		farction)		
1	Conditions, if any, which	and the second second	. Variation of the		
1	gave rise to immediate	(b) CARLANA D-SCA MARKE	C - VUOXU CULI	nse)	-
	underlying cause last.	(c)			
1		INS CONTRIBUTING TO DEATH BUT NOT RELA	ITED TO THE TERMINAL DISEASE C	ONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
ı	S ACCIDENT WAS UNDERLYING	ant brooking took there are			YES ND
	2Da. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEAT OF THE CONTRIBUTION OF THE CAUSE OF THE CONTRIBUTION OF T	20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of Item 18	1.)
ı			CE OF INJURY (Home, farm, 20f	. (City or town) (Co	unty) (State)
	20c. TIME OF INJURY Month, Day, Y Hour a.m. p.m. 19	While Not While at work at work	ry, street, office bldg., etc.)	, ,,,,	,
		ital) attended the deceased from	1-27 1966	to /-27 196	6, that (I) (we) las
ı	saw the deceased alive on		death occurred at 6 M,	from the causes and on t	he date stated above
	22a. SIGNATURE	3 V:	ATTENDING MED.	TAFF 1	ATE SICNED
Ì	22c. PHYSICIAN'S	DI AMON MENTO	D. PHYS. DIRECTOR	PHYS.	2 1-00
	NAME (Type)	t l	Greater Ba	Ito. Med-	enter
	23a. BURIAL, CREMATION, 23b. DATE T	HEREOF 220 NAME OF CEMETERY	OR COMMATORY 23d	OCATION (City, town or co	unty) (State)
	OURIAL DIRECTOR	ADDRESS ADDRESS	CA CEMETERY 1258. REC'D BY RE	CISTRAD 25h PECISTRAD	ARYLAND ASSIGNATURE
1	I'M CON BOARD	1650 YOKK	SP FER 10	66 REGISTRAR	Judge
	MALLY ACK DIRECT TO	MUSON TOLLSON, I'LD.	21204 BATE J 10		



TO HOSPITATE AND INTENDING ENTRICIAN: The law require that the death cartificate be executed thin 24 hours after death. Page 4 has be retained by the hospital or aftending physician.

IO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then plates carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, ceremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 7-62

MAKILAND STATE DEPARTMENT OF REALTH							
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND							
00281	CERTIFICATE OF DEATH	0027					

1. PLACE OF DEAT	H	Section 1 and 1 an	2. USUAL RESIDENC	CE (Where decess	d lived, If Institution	Residence b	sefore edmiss as
a. COUNTY	· ^ 22 6	25-22-	a, STATE	. 7	P. COUNTY		
b. CITY OR TOWN	(if outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 16	CITY OR TOWN (II		lumits, write RURAL o	nd give neer	rest town)
	d give nearest lown)	4 4105.					
A NAME OF HOSE	Lstown		d STREET ADDRESS			-	. IS RESIDENC
O NAME OF HOSP		in hospitet, give street address)					ON A FARM
	ill Convile		11	ct Aveni	ne		res NO
3. NAME OF DECEASED	First	Middle	Lexi	4. DATE OF	Month	Day	Year
(Type or print)	Clara G.	Hordley - 1	Francois	DEATH .	January	25,	19
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	8 DATE OF BIRTH		E (in years IF UNDE		UNDER 24 HRS
76 6	1 171 0 1.	OWED A DIVORCED	Jan. 10, 1'	478 87	birthday) Months	Days F	lours Min.
ION. USUAL OCCUPA	TION (Give kind of work	Ob. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Count	ty & Stele, or fore (n country) 12. C	TIZEN OF W	VHAT COUNTR
done during most of w	rorking life, even if retired)		1 St. Paul	. 1 / 6	. 2	7	A _
13. FATHER'S NAME	4110		14. MOTHER'S MAIDEN			:	
77 0207 (Tel derman			rar the	1 . 2		
		16 SOCIAL SECURITY NO. 17.			Address		-
	(If yes give wer or detect of service		INFORMANT	2	A O O (O) S	,	•
Lie Strien on	DEATH (Enter only one cause	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	· 174 · 0 · 10E		VD VVV	i mierni	AL BETWEEN
Conditions, if ar gave rise to imme (a), steting the cause test.	dieta couse underlying DUE TO	encling of si	reondari	aue	uia_		
200. ACCEDENT N		CONTRIBUTING TO DEATH BUT N				RT 1(a) 19.	PERFORMED?
20c, TIME OF INJ Hour e.m.			LACE OF INJURY (Home, farm letery, street, office bldg., etc.		own) (C	ounly)	(Steta)
21. I certify	that (I) (this hospital)	attended the deceased from	1. 1. 1. 2. 4. 1.	19/4, 10 /	2-2-/,1	185.6. tha	t (I) (we) l
saw the decer	ased alive on.	5 1956, and the	of death occurred at	. M, from he	causes and on	the date :	stated above
221 SIGNATURE		/	ATTENDING	AED.	TAFF		22b, DATE SIGN
1 mis	2. Martie				HŶs.	_	31014
22c PHYSICIAN NAME (Typ	"WAN EN	LARTIN	Laudal	lstor	7		Ma
REMOVAL Specif	TION, 236, DATE THEREOF	23c. NAME OF CEMETER	OR CREMATORY	23d. LOCATIO	N (City, fown or cos		(Stete)
urial	1 1/5//60	Dr iid Ri	1	L .	ville,	(v) r	
4 FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS		D BY REGISTRAR	25b. REGISTRAR	SIGNATUR	lE Fall
A. U. Z.	& Lande	Owings Hill	Ls, Md. DATAN	-2 8 1966	Jan - alanda	And July	The same of the sa



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove, earbon papers. Pages A and A should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours affer death.

00282

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE DF DEATH 8. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
BALTIMORE MARYLAND	a. STATE Mcl. b. COUNTY BOLTZ
b, CITY OR TOWN (if outside corporate limits. c, LENCTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) RANDALLS TOWN 2 days	3011-20=15
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS (e. IS RESIDENCE
\square	ON A FARM?
CALTIMORE COUNTY (TENCER! HOSP	16806 UROOKMIII /Cd YES NO D-
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) BARBARA	TRAKE DEATH VAN 6 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
remale White WIDOWED DIVORCED	12-5-92 73 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
AT Hame	Germany 63AV
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME GORMANY
Freduck Greanent	Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? / 18. SOCIAL SECURITY NO. 1 17.	
(Yes, no, or unkown) (If yes give war or dates of service)	MAKTAST YOU'SE - 1-6806 BROOKMILL
1 NONE	THE SPINE INVENTORS IS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (2)	wall symether gran
DUE TO /	4
conditions, if any, which) (b) Cornary Tr	um vall,
gave rise to immediate (cause (a), stating the DUE TO	. (2 /
underlying cause last. (c) William fellow the	heart derect gins
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19 WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH GOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While fact	ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1-4, 1966, to 1-6, 1966, that (I) (we) last
	t death occurred at 5.45 AM, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF
Raymunds I Mozny M.	D. PHYS. DIRECTOR PHYS.
NAME (TOP) Y MUNIO S. MAGNO	22d. ADDRESS
TRAYMUNDO S. MAGNO	Balto. County General Hospital
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY, 23d. LOCATION (City, town or county) (State)
BURIAL 1-7-66 WoodLAW	Wemelery BALTIMORE, Md
24. FUNERAL DIRECTOR VI. Chamber of ADDRESS	25a. BEC'D BY RECISTRAR 25b. REGISTRAR'S SICNATURE
ELLSWERT AKINACOST - 46AT INERTY HEAT	SAVE WAN 7 1966 Climbles Judge

5 (4) 1/65 VR AI5



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND						4D
	. 00283	CERTIFICATI	E OF DEATH			0021	76
1	1. PLACE DF DEATH		2. USUAL RESIDENC 8. STATE	E (Where deceased li	b. COUNTY		
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If	outside corporate	Imits, write RURA		<i>ND</i> を人 earest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in h	9 days	ARNOG d. STREET ADDRESS			e. Is	RESIDENCE
0	GREATER BALTIMORE A	MEDICAL CENTER	102 CE	4.4	WEN)		N A FARM?
	3. NAME DF First DECEASED (Type or print) ADELAIDE	Middle	Last FUNKE	4. DATE OF DEATH	Month	Day	Year 19 6 6
	5 054		B. DATE OF BIRTH	IQ ACE /	In years IF UNDE	R 1 YEAR HELL	
	WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. K	DIVORCED DIVORCED DIVORCED	8-17-11 11. BIRTHPLACE (CO	5	I jrs.	CITIZEN OF V	
	during most of working life, even if retired)	INDUSTRY, HOME	BALTO	. MD		OUNTRY?	4
	13. FATHER'S NAME		14. MOTHER'S MAID	1400			
	15. WAS DEGEASED EVER IN U. S. ARMED FORCES? 16.		INFORMANT	FIEGI	Address		
	(Yes, no, or unkown) (If yes give war or dates of service) 2	14-01-6947	HUSBA.	ND (ADOL	PH F. FU	NKE)	ABIVE
	18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY:	ine for (a), (b), and (c).]				INTERVA ONSET	L BETWEEN AND OEATH
	IMMEDIATE CAUSE (a) 140	morrage					
	Conditions, if any, which gave rise to immediate (b)	Luttent 6	varien	Later	nong	47	11.
	cause (a), stating the DUE TO underlying cause last. (c)						
	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBI	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASECONDITION	GIVEN IN PART 1(a)	PE	REPORMED?
	Vone 202. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or	Part II of Item 1	8.)	ND X
	_	Not While factor	CE DF INJURY (Home, far ry, street, office bldg., et	rm, 20f. (City or	town) (Co	ounty)	(State)
	21. I certify that (I) (this hospital) attend saw the deceased alive on///		death occurred at 2	16, to 16 16M, from the	causes and on		ated above
	I KJ Richwood	m.D.	. PHYS.	MED. STA	AFF -	- 11-6	6
	22c. PHYSICIAN'S NAME (Type) Dr. E. W.	Richardson, J	r. 9 E. C	Chase S	+ Bu	etor à)
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY		(City, town or co	ounty)	(State)
Vo.	BUT181 1/14/1966	ADDRESS	metery 25a. REC	Baltim	OPO . 25b. REGISTRAF	R'S SIGNATU	Md.
5	H.W.Jenkins & Sons Co.	4905 York R	oad DATAN	13 1966	geliand	es Jud	22.

VR A15 (4) 20M 1/65

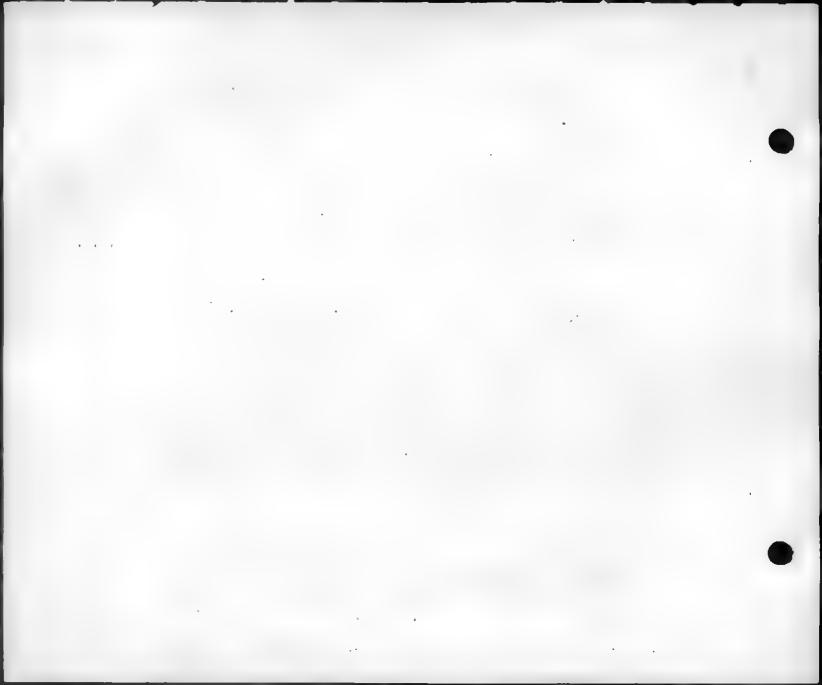


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 == 4.2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. THE PROPERTY HE WITTENHING PRYSICIAL The faw requires that the death cartificate be executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

-										111/4.4.4	
1. P	LACE OF DEATH					2. USUAL RESIDENCE a. STATE	E (When		Institution: I	Residence before	admission)
		BALTIMORE		MAR	RYLAND	BI STATE	MA RY				
Ь	. CITY OR TOW Write RURAL	N (if outside corporate lin and give nearest town)	its,	c. LENGTH OF STA	AY IN 1b	c. CITY OR TOWN (II	outside	corporate limits,	write RURAL	L and give near	est town)
		SVILLE				BALTIMORE			, ,,,,,,	- gh-	
0	I. NAME OF HOS	SPITAL OR INSTITUTION (if	not in hos	spital, give street	address)	d. STREET ADDRESS				e. IS RE	SIDENCE FARM?
-		RIDGE NUSRING	HOM			4603 MANORD			21229	YES 🗌	
U	IAME OF IECEASEO	First		Middle		Last	DF		onth		ear
	Type or print)	MAMIE	1			GANNON	ÜE	ATH JANUA			66
5. S	EX	6. COLOR OR RACE 7. N	ARRIED [NEVER MARRI		B. DATE OF BIRTH	_	9. AGE (in yea last birthda	y) Months	Davs Hour	
-	EMALE	TT L. L. L. L. L.	IDOWED [DIVORC		PRIL 4, 187.		yrs			
10a.t	JSUAL OCCUPAT g most of worki	ION (Give kind of work done ing life, even if retired)		ND OF BUSINESS O DUSTRY)R	11. BIRTHPLACE (Co	ounty & S	tate, or foreign cour		ITIZEN OF WHA	AT .
	HOUSEV					MARYLAND				S.A.	
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAM	E			
		HENRY KEII	J			ELIZ.	ABET	H KREPP			
		EVER IN U.S. ARMED FORCES (1f yes give war or dates of servi		OCIAL SECURITY N	10. 17.	INFORMANT		Add	iress		
(169)	NO	/ 1 3 es flise with the Cutres of SGL11	10,7	??	MRS	. ELIZABETH	C.	REED, 460	O3 MANO	ORDENE I	ROAD
1	18. CAUSE OF	DEATH (Enter only one cau	se per lin	e for (a), (b), and	(c).]	, "				INTERVAL B	ETWEEN
	PART I. DE	ATH WAS CAUSED BY:		Con	lin	· of le				ONSET AND	
	11114	IMMEDIATE CAUSE (a)_			7						
1	conditions, if	Any, which \ DUE TO		it a	. 10	and A				to and	-
8	gave rise to	Immediate (- 1791	J. J	1-2-1-4-					
	cause (a), st	a last									
	Inderlying caus	IGNIFICANT CONDITIONS C	ONTRIBIL	CING TO DEATH PUT	NOTOFIA	TED TO THE TERMINAL D	NSEASE (CONDITION GIVEN	IN PART 1(a)	119. WAS /	UTOPSY
ATI	rati in o milita	igani lexii i Qonbi i long <u>b</u>	J I 1111111	IN IO DENTIL DUI	HOTRELA	ILD TO THE TERMINALD	/IGENGE !	CONDITION GIVEN	INTERNIA(4)	PERFO	RMED?
5	De sociation	WAS HAIRED VINO	anh n	FROM INC.	Univ oce	INDED CEAL TANK	(fm l	- B-4 (B-4	I as them as	YES _	NO 4
	DR CONTRIBUTI OF EITHER, NOT	WAS UNDERLYING TO NG TO CAUSE OF DEATH (IFY MEDICAL EXAMINER)	∠OD. DE	SCRIBE HOW INJ	UKY UCCU	RRED. (Enter nature of	r injury l	n rart i or rart i	ii of item 18	5.)	
8 2		NJURY Month, Day, Year	2Dd, IN.	JURY OCCURRED	20e. PLA	CE OF INJURY (Home, ta	rm, 20	f. (City or town)	(Co	unty)	(State)
MEDICAL	Hour a.n		While at work	Not While	Tacto	ry, street, office bldg., et	tc.)		1		
2 -					frame	2/3/ 11	9 G.Y.	to 1/3/	© 19	that (I)	fact four
		y that (1) (this hoṣpital) ceased alive on	7/4 S			death occurred at 7	20			, that (I) the data state	
-	Saw uie uet 22a. SIGNATUR	The state of the s			and mar	. yearn occurred al	J. K. IVI.	, moin the caus		DATE SIGNED	anove.
	(en !	س	to J.	M.D	ATTENDING N	MED. DIRECTO	R PHYS.		15/60	-
	22c. PHYSICIA					22d. ADDRESS					
	NAME (Ty	CLIFF R	ATLIF	F		460)5 ED	MONDSON A	AVENUE		
23a.	BURIAL, CREM	ATION, 23b. DATE THER	EOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d.	LOCATION (City	, town or co	ounty) (State)
	REMOVAL (Spe BURL	(Ly) 1/6/66		MT. OLI	EVET C	CEMETERY	В	ALTIMORE	, 1	MARYLAN:	D
24.	FUNERAL DIRE	CTOR		ADDRESS		25a. REC	C'D BY R	EGISTRAR 25b.	~ / /	'S SIGNATURE	
H	UBBARD 1	FUNERAL HOME,	4107	WILKENS	AVE.	# 29 DATEAN	6	1966 ,	Mirryel	en udge	

VR AIS (4) 6 20M I/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH

		0040				HIEZZA S.			
	1.	PLACE OF DEATH Baltimore a. COUNTY TOWSON	A Fa Divid Assign		(Where deceased lived, If Institution: 4LHND b. COUNTY B.	Residence before admission)			
	_	b. GITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		itside corporate limits, write RURA	L and give nearest town)			
			33 days	BALTO) A Maryant	1			
		d. NAME OF HOSPITAL DR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE			
10		GLEXTER BALTIMORI	E CENT	FL 3202	KESWICK Rd	ON A FARM? YES ND ND			
	3.	NAME OF FIRST DECEASED	Middle		4. DATE Month	Day Year			
	-	(Type or print) LOSE	LEE	GEOFGE	DEATH WU.	27 1966			
	Э.	SEX 6. COLOR OR RACE 7. MARRIE	V-1	. DATE OF BIRTH	9. AGE (In years) IF UNDE last birthday) Months	R 1 YEAR IF UNDER 24 HRS.			
	10-	F WIDOWE		5-3-16	49 yrs.				
	qui		KIND OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT			
Ì			E Cream factory	IENNE"	5588	U54			
	13.	FATHER'S NAME	' '	14. MOTHER'S MAIDEN	I NAME				
		•							
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY ND. 17.	INFORMANT	Address				
	(16		220-09-37/1	PATLENT					
	1	18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c),]			INTERVAL BETWEEN			
		PART I, DEATH WAS CAUSED BY:	lemal 1	milare		ONSET AND DEATH			
		IMMEDIATE CAUSE (a) ACCOUNT AC							
		Conditions, If any, which] Caremana cenus me Castasagial							
		gave rise to immediate (C 0 00						
		underlying stating the							
	8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(2	1) 119. WAS AUTOPSY			
2	CERTIFICATION					PERFORMED?			
	E	20a. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of In	lury in Part I or Part II of Item 1				
		20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				•			
	CAL			E OF INJURY (Home, farm y, street, office bldg., etc.)		ounty) (State)			
	MEDICAL	Hour a.m. While p.m. 19 at wo	e - NOT WRITE -	y, an eer, onice plug., erc.,	1				
		21. I certify that 🥞 (this hospital) atten-	ded the deceased from P6C	27 196	5 to 1-27 194	that # (we) last			
		saw the deceased alive on 1-2-7			M, from the causes and on				
		229 SIGNATURE	1	ettrania ser		DATE SIGNED			
9		Juane F. Hopes	M.D.		RECTOR PHYS.	-27-66			
		72c. PHYSICIAN'S NAME (Type)	F. LODEZVI.	22d. ADDRESS	BALTO. MEDICA	L CENTER			
	23a	BURIAL, CREMATION, 23b, DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C)ty, town or c	ounty) (State)			
		REMOVAL (Specify) 1/31/66	BALTO, NA		BALTE	mn			
6	24.		ADDRESS	1	BY REGISTRAR 25b REGISTRA	R'S SIGNATURE			
3)	1	rul Ellewelloge 120	chestruit the	155B 2	1966 Mariante	1 January			
4	00	79170		FIDALISM Ful	10.00	V "			

VR AI5 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and expeptedly filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



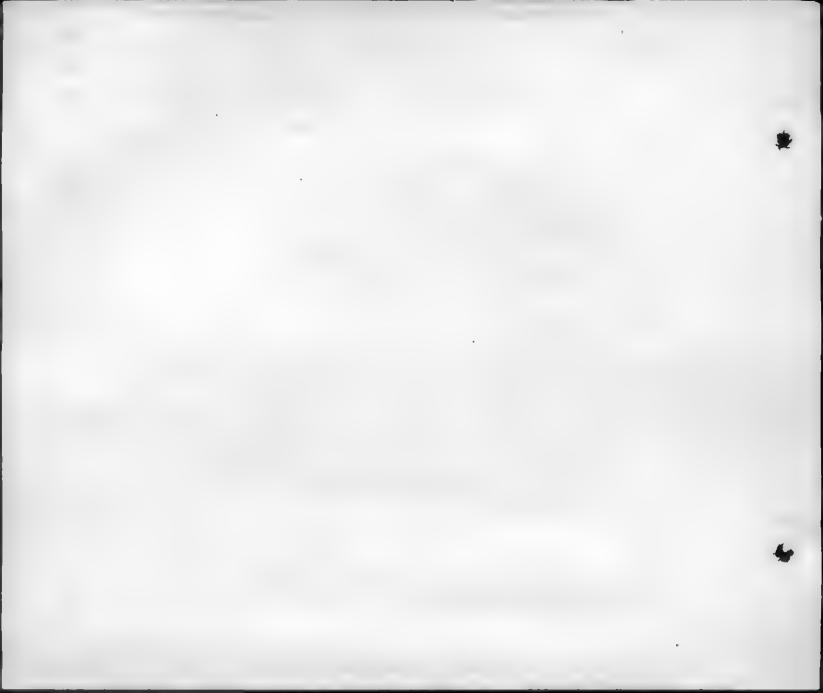
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1286	CERTIFICATE C	F DEATH
1200	GERTIN IGNIE C	

Reg. Dist. No. 111279

	00286		CERTIFIC	ATE OF DEAT	TH	Reg. Dist.	No. 00279
			105 MARYLAND	O. STATE	Where deceased lived is	f institution Residence	before odm ssian)
	b CITY OR TOWN (If a RURAL and give near		c. LENGTH OF STAY IN 15	Balto.	If autside carparate limits	s, write RURAL and giv	re nearest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in haspital, give stre	et address) CATCILLIALEDI	d STREET ADDRESS	Park Hak	to Terras	e. IS RESIDENCE ON A FARM? YES NO D
1	NAME OF DECEASED (Type or print)	athan	Middle G	ershowit 3	4. DATE OF DEATH	Month /	Day Year 2 2 1966
	MALC	WHITE WIDO	RRIED NEVER MARRIED D	9/-/188	/ //	-11-11-1	YEAR IF UNDER 24 HRS ays Hours Min
	TALLOR	(Give kind of work done 10 g life, even if retired)	6. KIND OF BUSINESS OR INC	DUSTRY 11 BIRTHPLACE (SIG			EN OF WHAT COUNTRY
13.	FATHER'S NAME	7.7		14. MOTHER'S MAIDER	NAME		
15 {Ye		N U. S. ARMED FORCES? I yes, give wor or dates of service)	6. SOCIAL SECURITY NO 17 212-07-4017 (CILLIAN GER	SHWITZ	Address = HUATTS	WILLE Hd
	PART I DEATH	I (Enter only one couse per I WAS CAUSED BY: MMEDIATE CAUSE (b)	line for (a), (b), and (c).	Decompe	sation		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, gave rise to imm cause (a), stating the lying cause lost,	nadiate (Out to	2. Onteriocolo	who Cardio	-Yazenleri	Tracare	15 2307'
CERTIFICATION	PART II OTHER		S CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE CONDIT	TION GIVEN IN PART I	(0) 19, WAS AUTOPSY PERFORMED? YES NO P
	200 ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY MI	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Part I ar Part II af íten	n 18.)	
MEDICAL	20c. TIME OF INJURY Hour a m. p. m	Whi		PLACE OF INJURY fiforme, for foctory, street, affice bldg.	orm, 20f. (City or town)	{Co	unty) (State)
	21. I certify that I attended the deceased from 11-4, 1963, to 1-22, 1966, that I last saw the deceased alive an 1-21-, 1966, and that death accurred a 5/30 P.M. from the causes and an the date stated above ADDRESS (Sireel, city or lown, state) DATE SIGNED						
	ACTUAL SIGNATURE	(2) Un K. F.	relager-2	MO 6209 FM	ederick'A	-ze	1-23-66
220	PHYSICIAN'S NAME (Type) WILL BURIAL, CREMATION,	DIET K. GO	22c. NAME OF CEMETERY	J38/T12	TEDE, Md.	12122F	
	REMOVAL (Specify)	1/24/66	Werkemans	Circle	GERMAN	Hick 12d	· Ind.
23.	oran c#	S. Talc 2102	2 FUTAW PLA	240. RE	C'D BY REGISTRAR 24	46 REGISTRAR'S SIGN	Jee Se



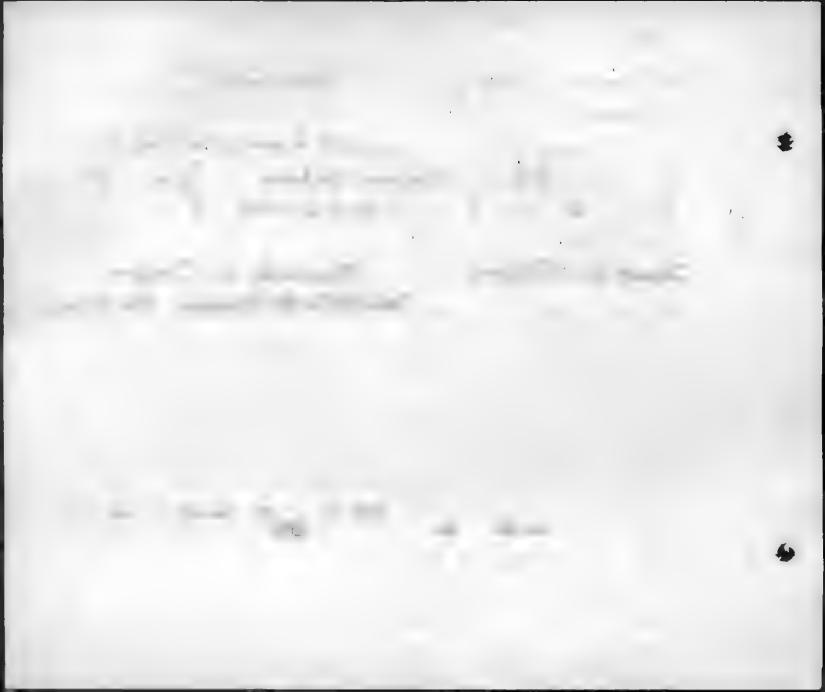
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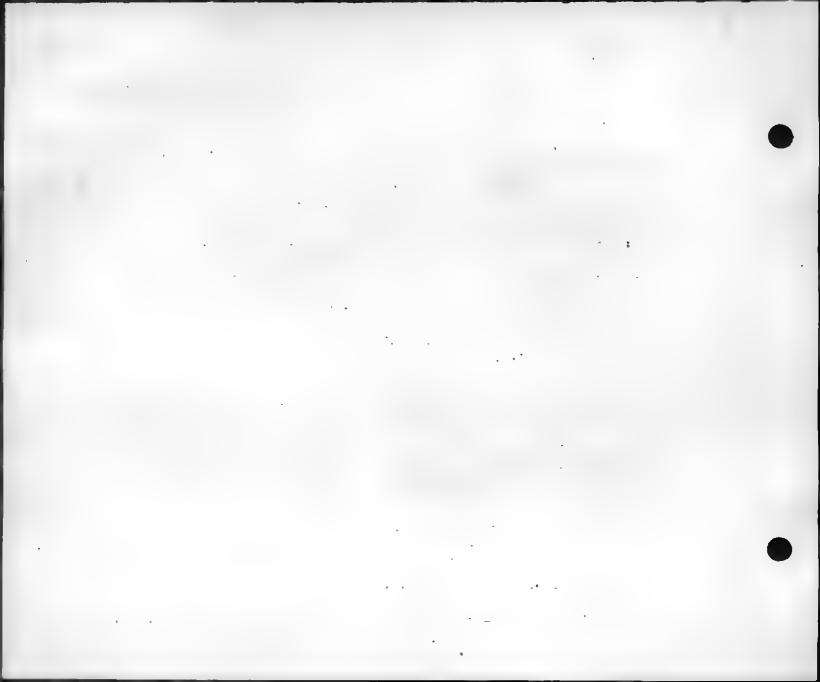
00283

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

00280 **CERTIFICATE OF DEATH**

PLACE OF DEATH DOUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased I yed It in invitain. Residence before admission)
b CITY OR TOWN (If outside corporate limits, write c. LENOT, OF STAY IN 1b RURAL and give negrest fawn)	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
LOWSON WYEARS	BALTIMORE 31/
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
TICKERSGILL HOME	2119 Homewood Que. 18T YES [NO)
3 NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) C(C/C) VIVGINI	A DATE OF RIETH PAGE (IN UNDER 1 YEAR) IF UNDER 24 HRS
	lost live loy) Manths Days Hours Min
100 USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUS	STRY 11 SIRTHPLACE (State or foreign country 12.CHTIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	NOT KNOWN U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Tamos E. Vickors	Minudo B. Coology
	IFORMANT Address
(If yes, give war or dotes of service)	·ELTA MC Elfresh = 332 allegher
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PART CLICK	PNRUMADAIA INCH
U 2 2 DUE TO	
Conditions, if any, which) (b) ASCUD	
gave rise to immediate cause (a), stating the <u>under</u>	
lying cause lost.) (c)	AND THE RESIDENCE OF THE CONTRACT OF THE PART OF THE P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?
200 DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port 6 or Part 16 of item 18.)
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. feller livials of may, in the formation in the second
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PL Hour a. m. 19 While Not while of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
p. m. 19 of work of work	
21 I certify that (I) (this hospital) attended the deceased from.	Dct. 22 1959 to Jan. 23 , 1966, that (1) (we) last
saw the deceased alive an Jan 22 1966, and that a	leath accurred a A.M. from the causes and an the date stated above
1/4 creland Edicard Eay	ATTENDING MED STAFF SIGNED PHYS. ATTENDING MED STAFF SIGNED
PHYSICAN'S NAME (Type) Newhand Edward Day 11	D 4-2-3321 St Bullimore 18 md.
230 BURIAL CREMATION 236 DATE THEREOF 235 NAME OF CEMETERY O	R CREMATORY 234 LOCATION (City, town, or county) (State)
BEMOVAL (Specify) 1-26-66 DRUIDKIDGE	CEMETERY SIKESVILLE, MARYLAND
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS YORK	CGAP 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
Um. Cook Dropks louson Truson mas	RYCAND FETTE O 1996 Travely fred the





VR AIS (4)

MARYLAND STATE DEPARTMENT OF HEALTH

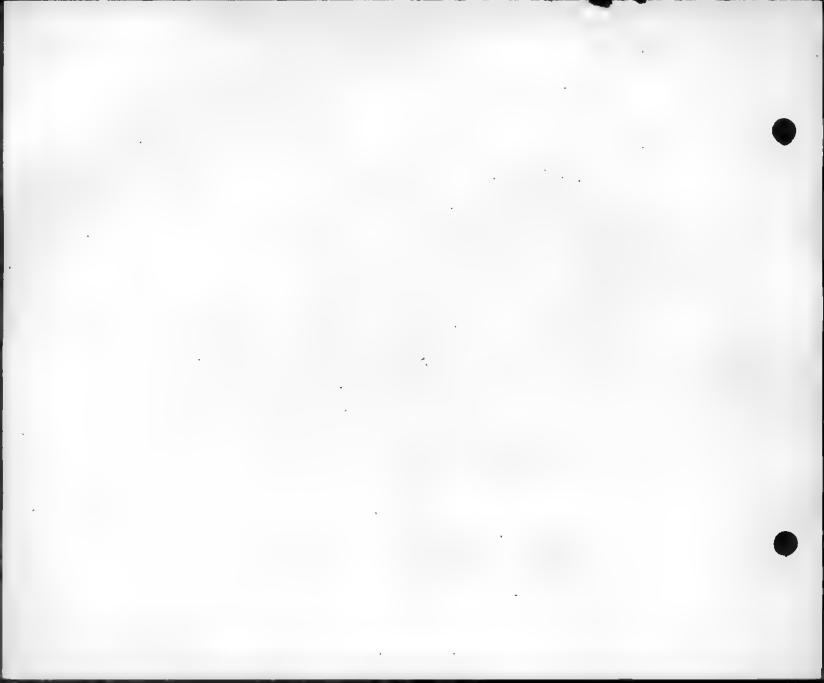
	MARILAND STATE BUT ARTHURING OF THE ARTHURING	••
DIVISION OF STATE	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1, MARYLAND
. 00289	ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEATH	0.0000

A	<u> </u>		
T		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
4	And the last	BOUNTY .	b. COUNTY
		b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16	C, CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
		write RURAL and give neerst lown)	C. CITT OK 10 WIN (If cuising corporate himits, write KOKAL and give neeres lown)
	(WINGS MILLS 18YRS	ELLICOTT CITY
ı		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS 0. 15 RESIDENCE
	-	Rose CII II.	M. // ON A FARM?
	1	10SEWOOD STATE HOSPITAL	MULLINIX LANE YES NO D
	3.	NAME OF First Middle	Last 4. DATE Month Dey Year
- 1		(Type or print) KENNETH [01115	(TORDON DEATH / 16 19 66
	5	- 41 1-11 11 ESS.	Control of the contro
- 1		M. J. MARKET L. MARKET L.	last birthdey) Months Days Hours Min.
-1	_	TALE WHITE WIDOWED DIVORCED	2/6/40 25 VII. 1/10
10	10a	USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	11 B RTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY?
1	9		Manuface U.C.D
	4.	None ATHER'S NAME	14. MOTHER'S MAIDEN NAME
4	-	The standard of the standard o	14, MOTHER SMAIDEN PAME
_1	-0	CHARLES KENNETH GORDON	THELMA WATKINS
-1			NFORMANT Address
	(Ye	is, no, or unkown) (flyesgive were rdates of service)	Daniel Daniel Mills
ı			SEWOOD KECORDS. UWINGS MILLS.
		18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) BY DUCKO MILL	mong I day
		4-91 X DUE TO	
		Conditions, if eny, which gave rise to immediate cause	
		(e), stelling the undarlying DUE TO	
		ceuse lest. (c)	
	z		RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CERTIFICATION	1- 1 7.4.	PERFORMED?
	5	_ CMaphality	YES NO V
	1	20%, ACCIDENT WAS UNDERLYING [] 1 20%. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING [] CAUSE OF DEATH	(Enter neture of injury 'n Pert II or Pert II of tem 18)
	8	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	¥	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	MEDICAL	Hour a.m. While Not While	bry, street, office bldg., etc.)
	WE	p.m. 19 at work et work	
		21. I certify that (I) (this hospital) attended the deceased from	12 - 5 1947 to 1-16 19.66 that (1) (we) last
		1 - 1/	118
		saw the deceased alive on	
		220 SIGNATURE	ATTENDING MED. STAFF SIGNED
		Il aisoni, l'autoure me	NINE DIRECTOR DIVINE NO
		22c. PHYSICIAN'S	22d. ADDRESS
		NAME (TYPO) MARRIO II PINIAFIRA	richerinal Stab Himital
		THE TOTAL STREET	
	234	BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
		Burial 1-19-1966 Linthicum C	hapel Clarksville, Md
30	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
D	,	FILLOFT ELV	271 200 10 10 10 10 10 10 10 10 10 10 10 10 1
7	/	CITIAIN DAIRM	34N 1 & 1856



TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the yevent, within 72 hours after dealth. TO MESPITAL OF ETTENBING PHYSICIAN: The lam requirem that the death certificate be executed within 24 llours after leath. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 20M 1/65

	, initial of the or	EPARTMENT OF HEALTH IS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	6000	TE OF DEATH 00283
1.	PLACE OF DEATH a. COUNTY BALTO MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	GIAITITOWIS1411414141 Bullimer 14
Ź	ARADISE CUNV. HEME	TARMOIAU IN I HATAMIKHT HUT YES NO
3.	DECEASED	ROON DEATH JAN 27 1966
4	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Last birthday) Months Days Hours Min.
du	la. USUAL OCCUPATION (Give kind of work done iring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
2	STEPHEN MORSE	14. MOTHER'S MAIDEN NAME MC_LONE
	(at no or emkown) 1/1f was nive war as dates of service)	DR. ALAN GORDON
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) (1) (7) (6), (b), and (c).	Thigh /2ft/our Interval Between ONSET AND DEATH
	Conditions, If any, which gave rise to immediate	1 Vesculat Disress 5425
2	cause (a), stating the underlying cause last.	LATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(2) 119. WAS AUTOPSY
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	PERFORMED? YES \ NO
Ι.		CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL Hour a.m. p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
		at death occurred at 200 AM, from the causes and on the date stated/above
		D. ATTENDING MED. STAFF DIRECTOR STAFF
	22c. PHYSICIAN'S NAME (Type) WEMCGYETL	1303 Fridarick Rd Cathis Ville
	Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 1/29/66 40000 /	PARK BALTO MD
1.	4. FUNERAL DIRECTOR 30/ FREDERIC	DATE 252. REC'D BY REGISTRAR'S SIGNATURE
-		



FOR STATES HEALTH DEPT.

the State Department 72 hours after deal.

File pages 1 and and and in any event

permit. F

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ally delay allocate please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00291	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	110284
	PLACE OF DEATH e. COUNTY Baltimore		MARYLAND	a. STATE Mary	(Where deceased lived, If institute land b. COUNTY	Baltimore
	b. CITY DR TOWN (if outside cor write RURAL and give neares	porete limits, t town)	c. LENGTH OF STAY IN 1b		itside corporete limits, write i	RURAL and give nearest town
	Monkton			Monkton	03-1	LA OFOLDENIA
	d. NAME OF HOSPITAL OR INSTIT	TUTION (If not in ho	spital, give street eddress)			e. IS RESIDENCE ON A FARM?
	Railroad Ave			Railroad	Ave.	YES NOTE
	NAME DF DECEASED (Type or print)	First SEA	Middle G	102d	4. DATE Month OF DEATH A N	1 3 1966
5.	SEX 6. COLOR OR R	ACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years IFU	INDER 1 YEAR IF UNDER 24 HR:
_	emale White	WIDOWED [DIVORCED [Sept. 22, 188	7 78 yrs.	
0a ur	LUSUAL OCCUPATION (Give kind of ing most of working life, even if r Housewife	workdone 10b. Kli etired) IN	ND OF BUSINESS OR DUSTRY	Maryland	te or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13	. FATHER'S NAME			14. MOTHER'S MAIDE	NAME	
	Howard Trov	er		Annie	Melvin	
	. WAS DECEASED EVER IN U.S. ARM	EDFORCES? 16. S	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
	No	SW(C3 01 3G) 41CC)	None Mr	. Jacob H. Tr	oyer, White Hal	1, Maryland
	18. CAUSE OF DEATH [Enter on PART I. DEATH WAS CAUSE IMMEDIATE C.	D BY: /c/	ne for (a), (b), and (c).]	sine hear	t chisease	INTERVAL BETWEEN ONSET AND DEATH
	443X	DUE TO				
	Conditions, if any, which }	(b) (/			
	gave rise to immediate f	DUE TO				
	cause (a), stating the ((c)				
CALIDIA	PART II. OTHER SIGNIFICANT CON	IDITION'S CONTRIBU	TING TO DEATH BUT NOT RE	ATED TO THE TERMINAL DIS	SEASE CONDITION GIVEN IN PAR	T1(e) 19. WAS AUTDPSY PERFORMED? YES NO
CERTIF	20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING CAUSE OF DEATH.	20b. D	ESCRIBE HOW INJURY OCC	CURRED. (Enter nature of I	nury in Part I or Part II of it	em 18.}
MEDICAL	20c. TIME OF INJURY Month, Hour e.m. p.m.			ACE OF INJURY (Home, farr tory, street, office bidg., etc		(County) (State)
	21. I certify that I took c			eld an Autopsy	inspection 4 inquiry	, and in my opinio
	death resulted from: Na	tural causes	Accident . S	uicide 🔲, Homicide	Undetermined ma	nner 🔲
		1- 7	-	CHIEF MEDICAL	EXAMINER	
	ACTUAL //	Kla T	17 11111	ADDICT LATE MEDI	CAL EVAMINED	. 22. DATE SIGNED

23c. NAME OF CEMETERY OR CREMATORY

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

EXAMINER'S NAME (Type)

23a. BURIAL, CREMATION,

VR ALSME 3500 4-64

TO DEPUTY MEDICA

24. FUNERAL DIRECTOR 1050 York Koad wm. Cook-Brooks Towson, Towson 4, Maryland

Jan. 19, 1966

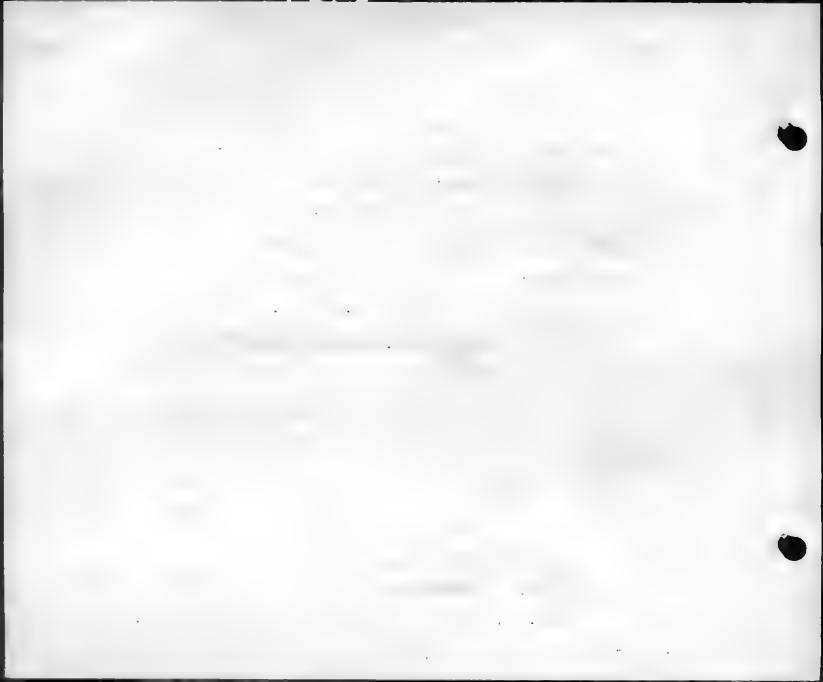
Baltimore Co., Naryland Wesley Chapel Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

(Stete)

DEPUTY MEDICAL EXAMINER 74-

Address (Street, city, town, or county)



PLACE OF DEATH

24 hours after death.

ģ

déath funeral and 2 sician and completely filled in by the filease remove carbon papers. Pages 1 and in any event, within 72 hours after the attending physician t permit. Then please ration, or removal, and in

exeguted within OR ATTENDING PHYSICIAN: The law requires that the death certificate TO FUNERAL DIRECTOR: After this certificate has been signed by the atten director, page 3 should be detached for use as the burial-transit permit, should be filed with the State Dept. of Health prior to burial, cremation, or Page 4 may be retained by the hospital or attending physician. O HOSPITAL

CERTIFICATION

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

•							
	C	ERT	IFIC	ATE	OF	DEAT	Ή

	JI DL	ALH					11111	20.	}
Ż.	USUAL RE	SIDENCE	(Where	deceased	lived,	It institution:	Residence	before	admission)
	a. STATE	Marv	land		b. (COUNTY			

	a. COUNTY	Baltimore MARYLANO	a. STATE Mar	yland b. coun	ITY /
	b. CITY OR TO write RUR TOWS	OWN (if outside corporate limits, AL and give nearest town) ORL	c. CITY OR TOWN (If Baltimor		ite RURAL and give nearest town)
		HOSPITAL OR INSTITUTION (if not in hospital, give street address) Seph Hospital	d. STREET AOORESS 3019 Oak	crest Ave., 21	234 e. is residence on a farm? YES NO
3.	NAME OF DECEASED (Type or prin	First Middle C.	Grauer Grauer	4. DATE Month OF Jan DEATH	
٠.	sex ale	/. MARRIEU # NEVER MARRIEU	3. OATE OF BIRTH 10-7-1899	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
i O:	a. USUAL OCCUP ring most of wo	PATION (Give kind of work done or kind of Business or INOUSTRY Arundel Lumber Co.		ounty & State, or foreign country	12. CITIZEN OF WHAT GOUNTRY?
13	. FATHER'S N.	Henry Graver	14. MOTHER'S MAIC	EN NAME Unkn	rown
		ED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. (If yes give war or dates of service) 212-14-348?	informant is. Helen	M. Graver	(Sauc)
	PART I.	OF DEATH [Enter only one cause per line for (a), (b), and (c).] OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Acute pulmonary e			INTERVAL BETWEEN ONSET AND DEATH
	gave rise	DUE TO Old myocardial in (b) (b) OUE TO	farction		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Right lower lobe lung tumor, probable carcinoma 20a. ACCIOENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)

20c. TIME OF INJURY Month, Oay, Year Hour a.m. p.m. 19

20d. INJURY OCCURREO While Not While at work at work

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) 19.66, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from

Sa	IM the deceased alive on 🖃	A STITE T	1900 ,	and that	oea
22a.	SIGNATURE POLIT				AT
	N 10796	h.		M.O.	Pi

22b. OATE SIGNED MED. OIRECTOR STAFF Jan. 1, 1966 AODRESS | 22d.

119.

from the causes and on the date stated above.

YES 🗌

WAS AUTOPSY PERFORMEO?

NO X

(State)

PHYSIC/AN'S NAME (Type) T

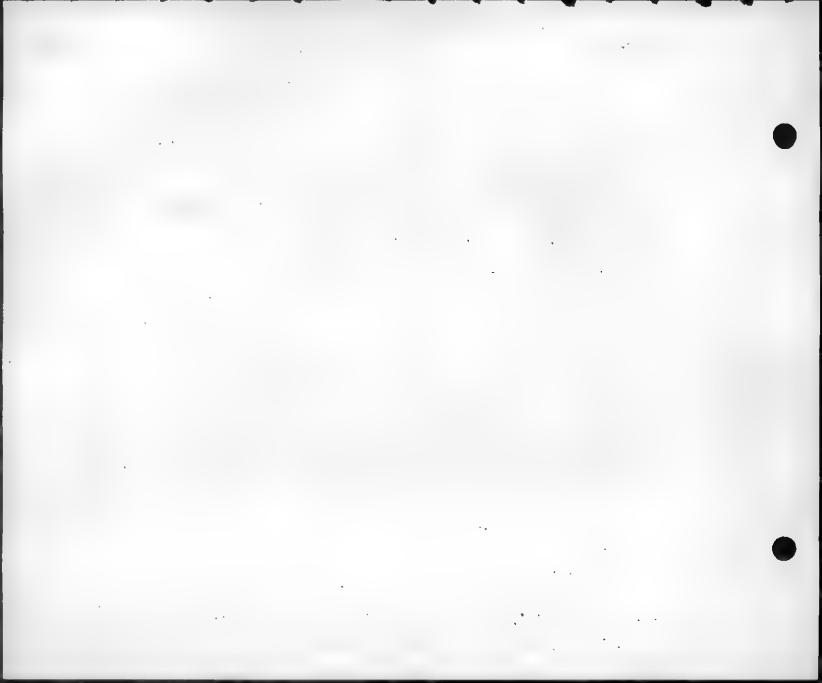
7620 York Road

	l.	Da 1601 VOII	ay, 114 De	TOTO TOTA	بالاعتراب	The second secon
	23a.	BURIAL, CREMATION, 23b. DATE THEREO	F 23c. NAME OF CEME	TERY OR CREMATORY	23d. LOCATION (City	, town or county) (State)
)		REMOVAL (Specify) 1/5/660	Lorraine	Pla. (emotoni	Balt	imone. Mo.
0	24.	FUNERAL OIRECTOR	AOORESS		BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
3	Le	onard y. Kuck Inc.	Balto. Mid. 2	7274 ON JAN	5 1966	Cherrie Judge
		<u> </u>		/ OATE		0 0=

VR A15 (4) 20M 1/65



2DM 1/65



TO NOSTITAL DI ATTENDING PHYS IN The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any earth, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

MARKIN

	UU234		CERTIFICATI	E UF DEATE	1			
1.	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where dece			before admission)
	a. COUNTY	15:		a. STATE	1d.	b. COUNTY		4
L	h city on towards	outside corporate limits,	MARYLAND c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	autalda aarn	nzeto Ilmite urito	DSIDAL and alu	a negreet fown)
	_ write RURAL and	give nearest town)	C. LENGTH OF STAT IN 10	Baltimore		nigra mants' arrea	HOUSE ONE SIE	a man ost tomil
	Pikesville	, Md.		Dar cruore	3			
	d. NAME OF HOSPITA	AL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS			9	. IS RESIDENCE ON A FARM?
	P. C.	27	3 Slade Ave.	3501 St.	Paul S	t.		ES NO
-		roug Hous		<u> </u>				Year
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Day	
	(Type or print)	Edith	(-	TYERNE	DEATH		20	40 4 6
5.	SEX 6.	COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		AGE (In years IF	UNDER 1 YEAR	Hours Min.
F	oma (x	white WIDOWED	DIVORCED	July 4, 188	33	82 yrs.	Miths Days	nours min.
10	a. USUAL OCCUPATION	(Give kind of work done 10b. F	(IND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State,	2	12. CITIZEN	OF WHAT
du	ring most of working i	ife, even if retired)	NDUSTRY	Louisvil	lle Kur		COUNTRY	3
10	Homemaker							
13	. FATHER'S NAME	Chales Denomin	4 -	14. MOTHER'S MAIL				
		Chales Rosenwe	TR.	1 STITE	10 1			
1	. WAS DECEASED EVER	RINU.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
La	es, no, or unkown) (17)	yes give war or dates of service)	C	harles Green	ne 350	1 St. Pau	1 St.	
=	I 19 CAIRE AC DEAT	TH [Enter only one cause per						RVAL BETWEEN
		WAS CAUSED BY:	ine for (a), (b) are (c).1	C ~	T7	1 1	ONS	ET AND DEATH
		MEDIATE CAUSE (a)	ewrank lias	5 cultur	MYON	nbosis	3	10 Et K
1	1	DUE TO	1 1 10		11	/		
ı	Conditions, If any,	which } (b)	ro brak la	Scular	Ather	056/620	SIS V	Cars
	gave rise to imm	nedlate (7			
	cause (a), stating underlying cause la	E ula						
Z		IFICANT CONDITIONS CONTRIB	LITING TO DEATH BUTNOT RELA	TED TO THE TERMINAL	DISEASE CON1	DITION GIVEN IN PA	RT1(a) 119.	WAS AUTOPSY
CERTIFICATION	1)	/ / +	//	- 0/	. (-	-1 . 1/	/ .	PERFORMED?
12		e sclenatic		ase chite	ical +	brillat	YE YE	S NO U
E	20a. ACCIDENT WAS	S UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	f Injury In Pa	rt I or Part II of I	tem 18.)	
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJU	RY Month, Day, Year 20d.	INJURY OCCURRED 200, PLA	CE OF INJURY (Home, f	arm, 20f. (City or town)	(County)	(State)
lā	Hour a.m.	While at wor	Not While Tacto	ory, street, office bldg., e	etc.)			
Z	p.m.			2-6	. / 5	1-22	an / / 11	4 (1) 14 1
	21. I certify th	nat (1) (this hospital) attend	led the deceased from	3-8,1	965, to_			nat((I) (we) las
П	saw the deceas	sed alive on 1-22-	1965, and that	t death occurred at.	7 20 M, fro	m the causes an		
П	22a. SIGNATURE	00 6 01	7	ATTEMPINE	MED.	STAFF ST	ZZD. DATE SIG	GNED
ш	Vone	el). hull	6-1. M.I	D. PHYS.	DIRECTOR [PHYS.	1-2-	7-66
	22c. PHYSICIAN'S	7.10	40 11	22d. ADDRESS	~ (. /	1 111
	NAME (Type)	Vavid +	Miller-	LIGSON	Rd.	Cwin	SMI	15 Mid
23	a. BURIAL, CREMATION	ON.I 23b. DATE THEREOF	23c. NAME OF CEMETERY	Y OR CREMATORY	23d. LO	CATION (City, town	or county)	(State)
	REMOVAL (Specify	1)			Т	ouisville	Kw.	
2	Kemoval 4. FUNERAL DIRECTO	1 -// -/ -/ -/	ADDRESS	1 25a. RF	C'D BY REGIS	TRAR 25b. Rec	PTRAR'S SIGN	ATURE -
	OJ TICKHER					1966	MAN COLO	0
12	a prompted	MOLCU	& Pa. Aves Ba	TLUG TIDATELE	HINAU	1000		/

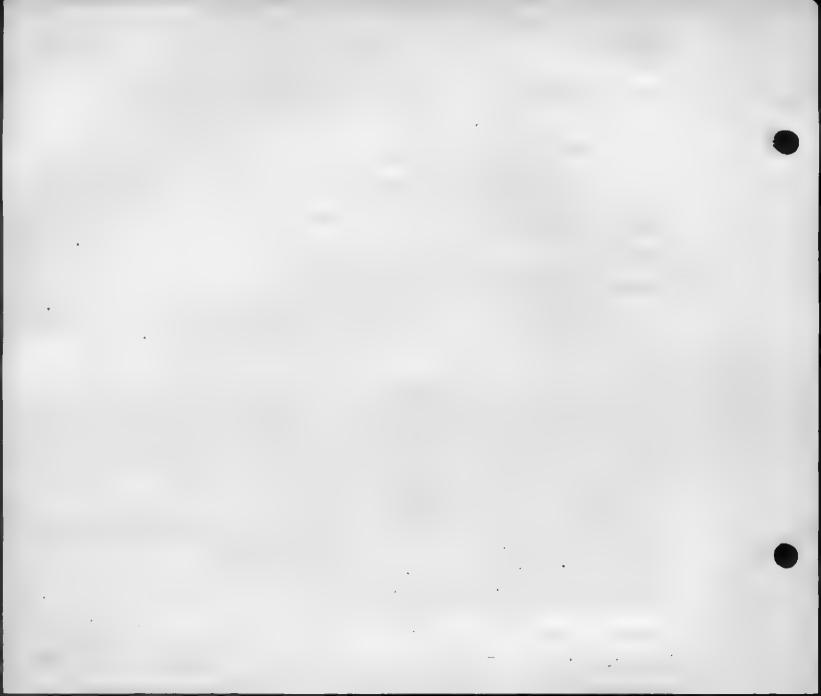
VR A15 (4) 15M 4-64



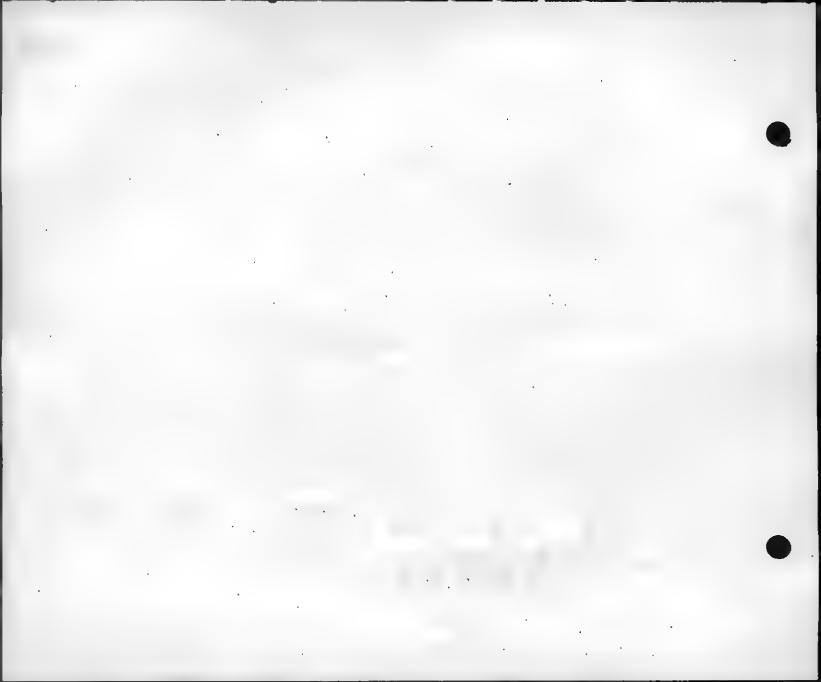
VIAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decasted lived, If institutions Residence before edmission) 1. PLACE OF DEATH a. COUNTY **6. COUNTY** n. STATE Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town? Overlea Overlea d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS n. IS RESIDENCE ON A FARM? YES NO 11100 Kenwood Avenue Kenwood Avenue letely 3. NAME OF 4. DATE OF DECEASED (Type or print) DEATH 1966 IF UNDER 24 HRS. Georgeanna Greenwood and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH AGE In years (IF UNDER 1 YEAR last birthday) Months WIDOWED -DIVORCED F 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF RUSINESS OR INDUSTRY | 11. RIRTHPLACE County & State, or foreign country) dona during most of working life, even if ratized) Housewife Housewife Line bridge, Marylond 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Unknown ā 15, WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address (Yas, no, or unkown) | (Ifyas giva war or dates of service) Mr John Wolf 4703 Meise Drive #6 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),] CONSET AND DEATH schooline Cardin Vascular Disins PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa lo immediata causa DUE TO (a), stelling the underlying causa last. 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART 1(a) 19. WAS AUTOPSY CERT. FICATION PERFORMED? NO [2Da. ACC DENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, ; 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, streat, office bldg., atc.) Whila Not While at work | et work DIRECTOR: to 1-14 19 66 that (I) (we) last 19.66, and that death occured at 3.M, from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 220. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type director, be filed 23c. NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Spacify) Baltimore Co. , .d. O. 1-22-1966. Parkwood Cometery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7.61



DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY by the and 2 death. Baltimore Maryland timore MARYLAND b. CITY OR TOWN (if outside corporate limits. & LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporate limits, write RURAL and give neerest town) 2 write RURAL and give nearest town) 5 Catonsvil Catonsville Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? Winters 131 Winters YES NO K Ave. completely papers. n 72 ho 3. NAME OF 4. DATE Middle DECEASED OF (Typa or print) Ethel DEATH Gross 1966 Jan rbon 6. COLOR OR RACE 17. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER I YEAR 9. AGE (In years IF UNDER 24 HRS. and last birthday) Sar Female WIDOWED TX DIVORCED [affending physician a Then please remove con-10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Home Howard Co. Maryland 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME Henry Francis Mary Johnson mit. Then premoval, a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress (Yes, no, or unkown) | (If yes give war or detes of service Dorothy Johnson 1818 Dukeland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit **DUE TO** affending Conditions, if any, which peen gava rise to immediata cause **DUE TO** (a), stating the underlying causa last. the PART I.. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION SE 0 PERFORMED? NO US0 prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) þ OR CONTRIBUTING CAUSE OF DEATH Health detached MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, strept, office bldg., etc.) Hour e.m. While Not While 6 at work DIRECTOR: at work 21. I certify that (I) (this hospital attended, 19....., that (I) (we) tast , and that death occurred at from the causes and on the date stated above saw the deceased 22a. SIGNATURE DATE ATTENDING SIGNED PHYS. M.D. HOSPITAL FUNERAL e Bed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Western Star Cemeterly Balto. Co. Maryland 24 FUNERAL DIRECTOR'S 25s, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Nutter-3035 DATEJAN



_	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	4 804	00297 CERTIFICATE OF DEATH (10291)
	Jeath.	1. PLACE OF DEATH a. COUNTY 2 b. COUNTY 2 c. STATE 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission as ATATE)
	after after	b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town
	In by Pa	white/Rural and give negrest town) 40 yrs, Monkton
	filled paper in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	ithin etely bon with	3. NAME OF DECEASED OF First Middle Last 4. DATE Month Day Year
	- E 0 5	5. SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (IN years FUNDER 1 YEAR FUNDER 24 HR
	executed and com remove o	WIDOWED DIVORCED Cor. 22 /895, last birthday) Months Days Hours Min.
	nd as in	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR JII. BIRTHPLACE (County & State, or foreign country) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	physician physician n please val, and in	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 13.
	eath certificat attending phy ermit. Then p nn, or removal,	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. XP. INFORMANT
	death certificate he attending physi permit. Then ple tion, or removal, a	(Yes, no, or unknown) (1) sesting are dates of service) 7/7-076769 Mrs. (Yes, no, or unknown) (1) sesting are dates of service) 7/7-076769 Mrs. (Yes, no, or unknown)
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	requires that the ording physician. been signed by the the burial-transit to burial, cremating the burial ordinal cremating the control of the burial ordinal ordi	MMEDIATE CAUSE (a) Conformation of the Due to
	uires g phy en sig buri	Conditions, If any, which gave rise to immediate (b)
	faw requiatending has been as the le harior to the le har	cause (a), stating the DUE TO underlying cause last. (c)
	V: The law cal or atten ificate has for use as Health pric	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
	PHYSICIAN: The faw requires that the the hospital or attending physician this certificate has been signed by the detached for use as the burial-transit is Dept. of Health prior to burial, crema	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	PHYSICIAN: the hospital r this certific detached for te Dept. of H	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State Hour a.m.
	0 0 0	21. I certify that (I) (this hospital) attended the deceased from 1940, 19 to 1/20, 1966, that (I) (we) las
		saw the deceased alive on 1962, and that death occurred at 1967, from the causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED
	# & _ & _ & _ \	22c. PHYSICIAN'S ATTENDING MED. STAFF DIRECTOR PHYS.
	O HOSPITAL OR Page 4 may be O FUNERAL DIRE director, page 3 should be filed v	NAME (Type) H. M. + RANCE Parkton, Md.
	Pag Pag To Fit dire show	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY , 23d. LOCATION (City, town or county), (State)
	500	ADDRESS 25a. REC'D BY REGISTRAR 25b. RESTSTRAR'S SIGNATURE
	VR A15 (4)	Lacot Har levely Melly Texterion to and N 25 1956

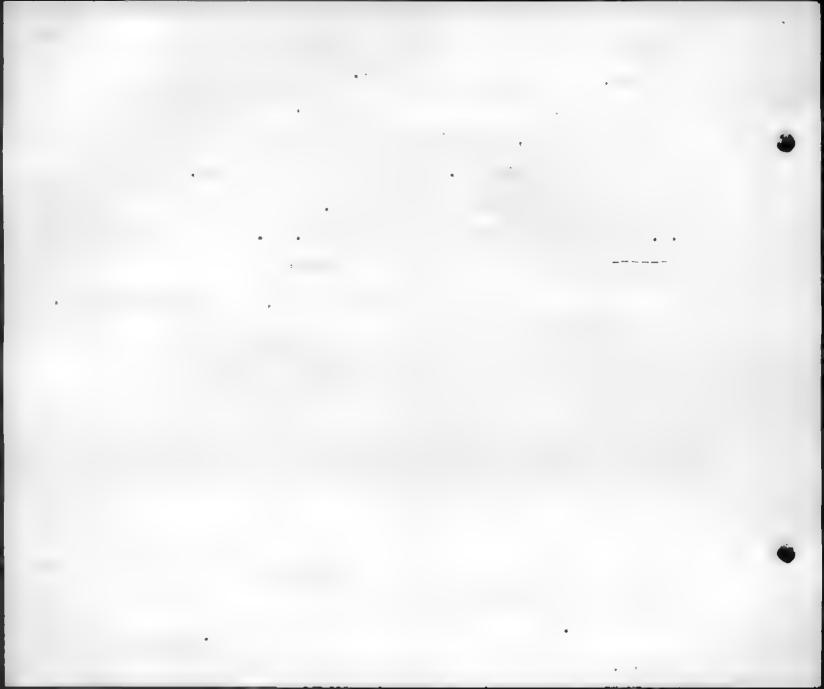


KENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha

after death. Page 4

×	1)	MARYLAI	ND STATE DEPARTM	ENT OF HEALTH	-BAL	TIMORE, 1	8	
3	00293		CERTIFICA	ATE OF DEATH	1	_	Reg. Dist. N	.00291
1	Balto		maryland I	2 USUAL RESIDENCE (Who	ere decease	d lived If institution b. COUNTY	r- Residence bef	fore admission)
	Catons	Wille		Balto.	itside corpo	orote limits, write RU	RAL and give no	4
	d. NAME OF HOSPITA OR HAST TUTION IT OUS 6	al (If not in hospital, give s in Pines, 1	6 Fusting Ave	d. STREET ADDRESS 5535 Fred	leri	ek #ve		e. IS RESIDENCE ON A FARM? YES NO DE
	NAME OF DECEASED (Type or print)	Loui	se C. Hackett	Lost	4. DATE OF DEATH	Jan. 4/		Year 19
	emale	100m 4 day	MARRIED NEVER MARRIED DOWE	B. DATE OF BIRTH Feb. 24/80)	9. AGE (In years last birthday) 85 yrs.	Months Doys	R IF UNDER 24 HRS Hours Min.
100	USJAL OCCUPATIO	N (Give kind of wark dane ing life, even if retired)	Own Home	Balto. Mo	l.	ountry)	USA	OF WHAT COUNTRY?
13.	FATHER S NAME	Boeckel		14. MOTHER'S MAIDEN N. Unknown				
15. (Ye		IN U. S. ARMED FORCES? If yes, give wor or dates of service)		eston Pairo		Court S		Blag.
		TH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO DUE TO (b) mediate (DUE TO	Congletin	Dulmonary (E. Fail	lema	ON	TERVAL BETWEEN USET AND DEATH
T FICATION	20a ACCIDENT WA	ER SIGNIFICANT CONDITIO	DIS CONTRIBUTING TO DEATH BUT SEMPLE DESCRIBE HOW INJURY OCCUPRED				N IN PART 1(0)	PERFORMED?
MEDICAL CERT	()F EITHER NOTIFY () 20c TIME OF INJURY Hour o. m.	V	Od, INJURY OCCURRED 20e. PLA thile Not while twork of work	ACE OF INJURY (Home, farm, tary, street, office bldg., etc.)	20f (Cit	y or town)	(Caunty	(Stote)
	21. I certify the alive an	at I attended the dec	1	, 19.6 5, to 9 occurred at 10:19 6			an the dat	the deceased the stated above. DATE SIGNED 1.6.6
u	BURIAL, CREMAT OF REMOVAL (Specify)	Jan.7/66	Loudon Parl		Bal	TION (City, town, a	county)	(State)
	FUNERAL DIRECTOR'S	TTUL Edmo	ndsonorAve	DATEJA	N 6	1956	liviley	Judge

TO HOSPITAL OR VS A15 (4) 15M 9/58



MARYLAND STATE DEPARTMENT OF HEALTH

retained Fage 4 may may VR A15 (4) 20M 1/65

after death,

hours

death

law requires that the



	00300	CERTIFICATE OF DEATH	MORE 1, MARYLAND
1.	PLACE OF DEATH Salting	2. USUAL RESIDENCE (Where decressed lived, e. STATE Balto b. CO.	UNTY 13 att
	b. CITY OR TOWN (if outs de corporate lim write RURAL and give neerest town) LLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLLL	(if not in hospital, give street address) c. CITY OR TOWN (if outside corporate limits, w	O 4 As I a. IS RES
- 3.	Bent Music NAME OF DECEASED	Jone 624 Scharles Moore Moore Mo	Street YES []
5.	(Type or print) SEX 6. COLOR OR RACI	TE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year last birthde)	28 19 (Ors FUNDER 1 YEAR FUNDER 1 Months Days Hours
10 d	a. USUAL OCCUPATION (Give kind of wo	WIDOWED DIVORCED 12 2 3 yrs 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign countred)	12. CITIZEN OF WHAT CO
13	FATHER'S NAME UNKNOW	14. MOTHER'S MAIDEN NAME UNROWN	
	. WAS DECEASED EVER IN U.S. ARMED FO as, no, or unknown) (Hyesgivewerordetesol	prices? 16. SOCIAL SECURITY NO. 17. INFORMANT (fabrice) 202-28-7184 Balto City Welfare Rec	cords, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e U DUE TO	arteriordironi - generalized	ONSET AND D
	gave rise to immediate cause (e), stating the underlying cause last.	e)	
CERTIFICATION		DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(e) 19. WAS A PERFO
CAL CERTIF	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 200, TIME OF INJURY Month, Day, Y	R)	(County)
WEDIC	Hour a.m. 19	While Not While et work et work fectory, street, office bldg., etc.)	2.8, 19 (a Cothat (1) (
	saw the deceased alive on	19.60% and that death occurred at 1.1 AM, from the causes	
1	CLANTON EM C	ATTENDING MED DIRECTOR PHYS 1224 ADDRESS	1-28-0
2:	BURIAL, CREMATION, 236. DATE THE REMOVAL (Specify) BULLA FOLERAL DIRECTOR'S SIGNATURE	1966 Mt. Auburn Cem. Baltimo	lown openity) (SI MAYY 19 M REGISTRAR'S SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY a. STATE the f Pages 1 urs after Baltimore Maryland
c. City of Town (if outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Completely filled in by to ove carbon papers. Page y event, within 72 hours a Baltimore 21205 Baltimore e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? 709 N. Linwood Ave YES NO E St. Joseph Hospital within DATE Month Year 3. NAME DE First Middle 4. DECEASED 6 1966 Edward James DEATH (Type or print) Hanna January AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday) Months | Days | Hours | Min. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH remove in any male white 8/6/97 physician and WIDOWED | DIVORCED [1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR lease INDUSTRY **COUNTRY7** and do Baltimore, Maryland Cable Splicer Western Union 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, n signed by the attending pl burial-transit permit. Then burial, cremation, or remova Ella McCurdv James V. Hanna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give war or dates of service) Mary Vanik Hanna, wife, above Army WW1 215-03-7492 ves INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary carcinoma with metastasis to the the hospital or attending physician. IMMEDIATE CAUSE (a) spine and brain. DUE TO Conditions, If any, which **(b)** has been se as the bu gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate the detached for use te Dept. of Health PERFORMED? YES T NO PC 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (State) MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State I DIRECTOR: After tage 3 should be delied with the State Hour a.m. Not While While at work at work p.m. Dec 17 65 to. be retained 19 Jan. 6, 1966, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from... Jan. 6 19 66, and that death occurred at 6. M. from the causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED.
DIRECTOR STAFF PHYS. page 1/6/66 X marlan CLA M.D. O FUNERAL I director, pag should be fil 22d. ADDRESS PHYSICIAN'S Theodulo Paglinauan, Jr. NAME (Type) York Rd. Baltimore Md. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Soecify) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 2 Holy Redeemer Cemetery Ba Burial 1/10/66 24 FUNERAL DIRECTOR Funeral Home, ADDRESS Inc. VR A15 (4) 3331 Brehms Lane 2DM 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in apprevent, within 72 hours after dealn.

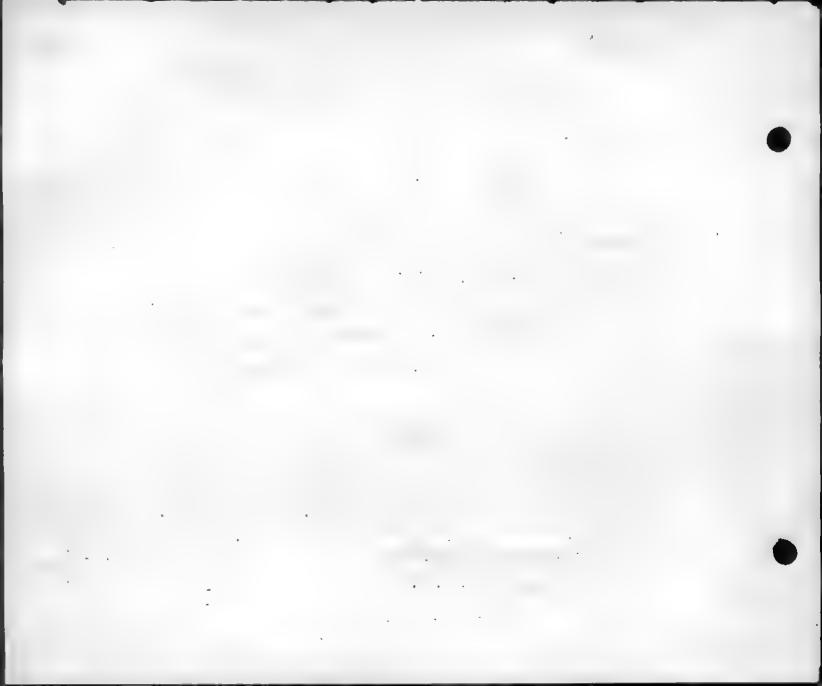
11

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH

AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1,	MARYL
ER1	IFICATE	OF	DEATH				- () (

1. PLACE OF DEATH 3. COUNTY BALL IMPORE 4. COUNTY BALL INFORM 16 DUSIDE CORPORATE PRIVATE PRIV
Caton syille d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street address) SPRING GROVE STATE HOSPITAL 3. NAME OF DECASED (Type or print) Clark E. *** HATMIS DEATH JANUARY 31 19 66 SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED NOVER MARRIED NOVER MARRIED NOVER MARRIED NOVER MOUNT MO
Caton syille d. NAME OF HOSPITALOR INSTITUTION (if not in hospital, give street address) SPRING GROVE STATE HOSPITAL 3. NAME OF DECASED (Type or print) Clark E. *** HATMIS DEATH JANUARY 31 19 66 SEX 6. COLOR OR RACE 7. MARRIED NOVER MARRIED NOVER MARRIED NOVER MARRIED NOVER MARRIED NOVER MOUNT MO
SPRING GROVE STATE HOSPITAL 132 Rosecroft Terrace SPRING GROVE STATE HOSPITAL Last 4. Date Month Day Year Death January 31 19 66
3. NAME OF DECEASED (Type or print) SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years I FUNDER 14 PARTIED 10. SEX MONTH 19. MONTH 19. AGE (IN years I FUNDER 14 PARTIED 10. SEX MONTH 19. AGE (IN years I FUNDER 14 PARTIED 10. SEX MONTH 19. AGE (IN years I FUNDER 14 PARTIED 10. SEX MONTH 19. AGE (IN years I FUNDER 14 PARTIED 10. SEX MONTH 19. AGE (IN years I FUNDER 14 PARTIED 19. AGE (IN years I FUNDER 19. AGE (IN years I
S. SEX G. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 VEAR IF UNDER 24 HRS. Min. Months Days Mon
Male white wide wide work done of work done of the wide wide work done of working life eye of fretired) 10a. USUAL DOCUPATION (Give kind of work done of the wide working life eye of fretired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. Citizen of what Country? 11d. Maryland U. S. 13. FATHER'S NAME 14d. MOTHER'S MAIDEN NAME 15d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 15d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Uffyes give war or dates of service) 16d. SOCIAL SECURITY NO. 17d. INFORMANT Address 17d. Was DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 18d. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 18d. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19d. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE (A) 19d. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
DIORCED April 5, 1878 87 yrs.
103. USUAL DCCUPATION (Give kind of work dome during most of working life eyen, if retired) 104. KIND OF BUSINESS OR INDUSTRY 105. Maryland 105. Maryland 106. MODISTRY 107. Maryland 107. Maryland 107. Maryland 108. MODISTRY 109. Maryland 109. S. 110. MOTHER'S MAIDEN NAME 111. BIRTHPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? 113. FATHER'S NAME 114. MOTHER'S MAIDEN NAME 115. WAS DECEASED EVER IN U.S. ARMED FORCES? (Crys. no. or unknown) 115. WAS DECEASED EVER IN U.S. ARMED FORCES? (167. SOCIAL SECURITY NO. 177. INFORMANT Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ON
13. FATHER'S NAME UNK TOWN 14. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT UNK NOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1(a) PROBLEM OF CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN INPART 1(a) PROBLEM OF CONTRIBUTING CONTRIBUTING COURTED. (Enter nature of Injury In Part I or Part II of Item 18.)
13. FATHER'S NAME UNIX NOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no., or unknown) 16. SOCIAL SECURITYND. 17. INFORMANT Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Cardiac arrest DUE TO PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED? PROUMONIA 202. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) Unknown Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROUMD 12 2020. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OF CONTRIBUTING TO CONTRIBUTION TO CONTR
(Yes, no, or unknown) (If yes give war or dates of service) unknown Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (b) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROTECTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) UNKNOWN Records: SPRING GROVE STATE HOSPITAL INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROTECTION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
unknown unknown Records: SPRING GROVE STATE HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Cardiac arrest ONSET AND DEATH
18. CAUSE OF DEATH [Entor only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which agave rise to immediate cause [a) Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROBLEM OF DEATH CONTRIBUTING COURTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROBLEM OR CONTRIBUTING CAUSE OF DEATH CONDITIONS CONTRIBUTING COURTED (Enter nature of Injury In Part I or Part II of Item 18.) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)
DUE TO Conditions, If any, which gave rise to immediate cause (a) Countries to immediate cause (b) Countries to immediate cause (a), stating the underlying cause last. Countries to immediate cause (b) Countries to immediate cause (b) Countries to immediate cause (b) Countries to immediate cause (c) Countries to immediate cause (b) Countries to immediate cause (c) Countries to immediate (c) Countries to immediate (c) Countries to immediate (c) Countries to immediate
Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. OPERT H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROUMONIA 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PROUMONIA 200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
gave rise to Immediate cause (a), stating the DUE TO underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? PREUMONIA 2008. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2009. ACCIDENT WAS UNDERLYING 1 OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
winderlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PREMION 1.202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH CONTRIBUTING COURSE. (Enter nature of Injury In Part I or Part II of Item 18.) 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 203. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Preumonia 202. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Place o
While Not While
p.m. 19 at work at work
21. I certify that (this hospital) attended the deceased from Nov. 12, 1365, to Jan. 31, 19 66 that 10 (we) last
saw the deceased alive on
22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF
M.D. PHYS. DIRECTOR PHYS. X 1-31-00
22c. PHYSICIAN'S NAME (Type) Ramon Salas, M. D. 22d. ADDRESS SPRING GROVE STATE HOSPITAL Relating se. Maryland 21228
Ramon Salas, M. U. Baltimore, Maryland 21228
CREMOVAL (Specify) 1 0 / - / / 1 / 1 / 200
24 EUROPA LIGETTON ANDRESS 1.250 DECIDED AS DECISTORAL 250 DECISTO
6. S. MALNABB 301 FREDERICK Rd DATE B 4 1958 Policy Judge

VR #15 (4) 20M 1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death PLACE DE DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) completely filled in by the f ve carbon papers. Pages 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give nearest town) UFAL completely filled in 5 r K51 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Rocky Hill Road 3. NAME OF Middle Last Month DECEASED DEATH (Type or print) MON 5. SEX 6. COLOR OR DATE OF BIRTH AGE (In years last birthday) emove NEVER MARRIED and and Then please femore removal, and in any DIVORCED WIDDWED 10a, USUAL OCCUPATION (Give kind of work done | 10b, KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) State Road. quiptment operator-net omm attending physic ermit. Then plea Pennsulvania PATHER'S NAME MOTHER'S MAIDEN NAME Henretta Harmon Vaniel Harmon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address TO FUNERAL DIRECTOR: After this certificate has been signed by the atten fractor, mage 3 whould be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or in the state Dept. (Yes, no, or unkown) ((If yes pive war or dates of service) records no none CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 'O HOSPITAL OR ATTENDING PHYSICIAN. The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If env. which (b) gave rise to immediate DHE TO cause (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 1) of Item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATUR MED. ATTENDING PHYS. DIRECTOR PHYS M.D. PHYSICIAN'S 22c. 22d. **ADDRESS** NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) LOCATION (CIty, town or county) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. 266 REGISTRAR'S STGNATUR FUNERAL DIRECTOR REC'D BY REGISTRAR 25a. 1966 6EB Sons Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

Year

19 6 6

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY PERFORMED? NO Z

(State)

that (I) (we) last

(State)

IF UNDER 1 YEAR IIF UNDER 24 HRS

Days

12. CITIZEN OF WHAT COUNTRY?

19.

DATE SIGNED

(County)

YES [

Months

NO 4

VR A15 (4) 15M 4-64

hours after death.

death certificate be executed within

that the

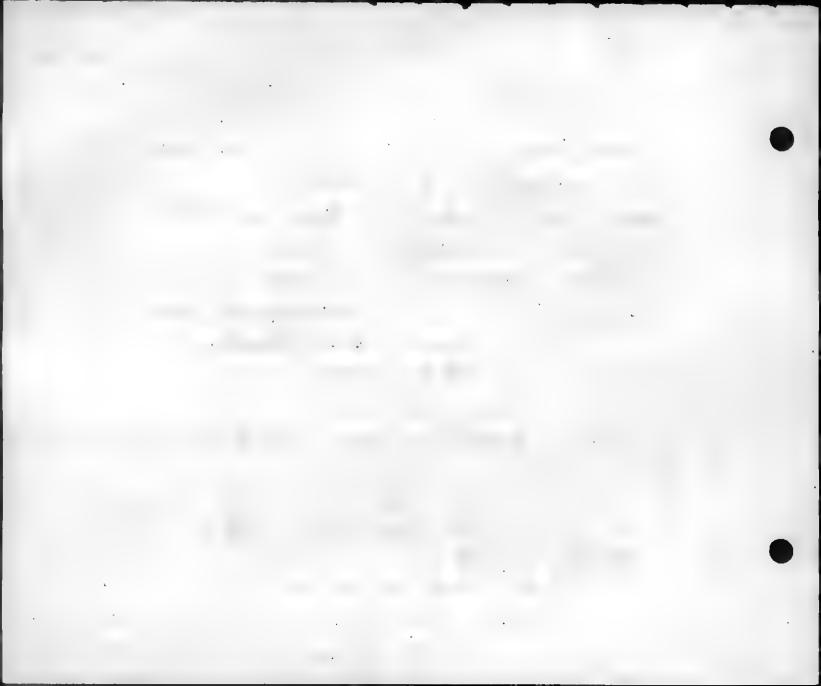
ATTENDING



TO MOSEITAL OR ATTENDINE PRYSIMIAM The law requires that the death certificate be executed within 24 hours after leath. Hage 4 may be retained by the hospital at attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please refront carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	00304	CERTIFICATI	OF DEATH		00297
1.	PLACE OF DEATH a. COUNTY	-		nera deceased lived, If institution:	Residence before admission)
	Baltemore	MARYLAND	a. STATE	p. county	7/1 220
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporate limits, write RURA	L and give nearest town)
	aspertus	Bryss.	arbutus	L)	1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	5920 Southwestern	- Blod.	5920 Sou	thwestern Wa	VES NO P
3.	NAME OF First	Middle	, Last 4.	DATE Month OF	Day Year
	(Type or print) Teorete	D. 74	orrison	DEATH /	10 1966
5.	SEX 6. COLOR OR RACE 7. MARRIE	O NEVER MARRIED 1	. OATE OF BIRTH	9. AGE (In years IFUNDER	1 YEAR IF UNDER 24 HRS.
7	nale white WIDOWE	OIVORCED I	9/10/1888	7 yrs. Months	Days Hours Min.
	USUAL OCCUPATION (Give kind of work done) 10b.	KIND OF BUSINESS OR	II. BIRTHPLACE (County &		ITIZEN OF WHAT
QUI	ing most of working life, even if retired) Garpenter	INDUSTRY COLO	1/intrinic		OUNTRY?
13.	FATHER'S NAME	or exercise	14. MOTHER'S MAIOEN NA	AME	L, ~ / /
	11/2 -1	son	Burary .	armonts	ot
15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 10	S. SOCIAL SECURITYNO. 17.	INFORMANT	Address	alove
-	ho -	m.	re Lornin	il Beebel	
	18. CAUSE OF DEATH (Enter only one cause per	line for (a), (b), and (c).]	, 01		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ncestine lde	ant truite	ine	ONSET AND DEATH
-1	4221 DUE TO	5			
- 1	Conditions If any which \	4-5 CV	D		
	gave rise to immediate (b)				
- 1	cause (a), stating the OUE TO				
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	DITINGTO OFATH PHT NOT OF A	TEO TO THE TEDMINAL DISEASE	E CONDITION CIVEN IN DART 1(2)	19. WAS AUTOPSY
ATI	1 ANT II. OTHER STORM TOAK TOOK DITTOKS CONTINU	1 /	TEU TU THE TERMINAL DISEAS	CONTINUE GIVEN IN PART 1(8)	PERFORMED?
FIC	and (en hact	Strank	YES NO
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury	y in Part I or Part II of Item 18	3.)
- 1		INJURY OCCURRED 20e. PLAI	CE OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (State)
MEDICAL	Hour a.m. Whil	e - Not While - factor	ry, street, office bldg., etc.)		,
Σ	p.m. 19 at wo				//
-1	21. I certify that (I) (this hospital) atten				6, that (I) (we) last
-	saw the deceased alive on	7 19 6 6, and that	death occurred at <	M, from the causes and on t	The date stated above.
- 1	228 SIGNATURE		ATTENDING MEO.	STAFF I	JATE SIGNED
	of green &	M.D		TOR PHYS.	/11/66
H	226 PHYSICIAN'S NAME (Type)	/ /.	22d. ADDRESS	0 5	1 2 7
1	2770.17	derick W	D 13/1 tag		=
23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town or co	1 7 7 1
- L	Durial 1/13/66	meadowned	ge com. The		Lovey Me.
24.	. JUNERAL DIRECTOR	D SADDRESS 901	25a. REC'D BY	REGISTRAR L 256. REGISTRAR	'S SIGNATUPE
	John J. Consen + 5	on Juc. Hole	Cina DATEN 12	1956 H 1 mls	· Judge
0		23,7	mel.		

VR A15 (4) 20M 1/65



funeral executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicial and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 she be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0030	5	CERTIFICATE	OF DEATH		00298
I. PLACE OF DE	attimore Lut	herville 1	2. USUAL RESIDENCE (Where decresed lived, If Instit	ution: Residence before edmission)
b. CITY OR TO	WN (if outside corporate timits, and give nearest town)	MARYLAND c. LENGTH OF STAY IN 16	Maryland		RAL end give nearest town)
Lutherv		spital, give street eddress)	Baltimo:	re	7/ , a. IS RESIDENCE
College	Manor		3908 N.	Charles St.	ON A FARM? YES NO TO
3. NAME OF DECEASED	First	Mrddle	Sr. 4.	DATE Month	Day Year
(Type or print) 5. SEX	GOLOR OR PRACE 7 MARRI	THA	PRISON !	19. AGE (In years IF U	
M	W WIDOW	- I THE TER MARKIED	100 /0 Ome		niha Days Hours Min.
10a. USUAL OCCI		CIND OF BUSINESS OR INDUSTRY	/	State, or fore gn country)	12. CITIZEN OF WHAT COUNTRY
Execut	ive Ir	surance	Texas		U.S.A.
John M	. Harrison	1	4. MOTHER'S MAIDEN NAM Susanna Kr		
15. WAS DECEASE	D EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17, EN	FORMANT	Address	
NO NO	n) (Ifyesgive war or dates of service)	13-32-7879 Geo	rge T. Hari	rison. Jr.	(Sama)
	OF DEATH [Enter only one cause per DEATH WAS CAUSED BY:	line for (a), (b), and (c).]		Troons or	INTERVAL BETWEEN
	IMMEDIATE CAUSE (a)	112 leve	ville		I Manta
Conditions it	,				
gave rise to im	nmediate cause				
causa last.	he underlying DOE 10				
PART II. COLUMN	THER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN II	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDEN OR CONTRIBU O(IF EITHER, NO	IT WAS UNDERLYING 20b. DE TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part	For Pert II of item 18.)	
20c. TIME OF	4-110		OF INJURY (Home, farm, 7, street, office bldg., etc.)	ROf. (City or lown)	(County) (State)
W F	o.m. 19 at wo	- 1401 111110	1	F 1000	11
	fy that (I) (this hospital) after	11		10.3000	., 19.0, that (I) (ava) las
saw the de	ceased alive on NOW 7	19	eath occurred at 10×10	M, from the causes and	on the date stated above.
WIN	lally 1. Out	M.D.	ATTENDING MED.	TOR PHYS.	SIGNED
22c, PHYSICIA NAME (F. Fritz	22d. ADDRESS 2 W. Unive	rsity Parkw	ay
23a. BURIAL, CREE	MATION, 236, DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23	d. LOCATION (City, lown or	county) (State)
Rem. Buri	al 1/12/1966	Rose Hill		Tulsa,	Oklahoma
H.W.Jenl	ctor's signature kins & Sons Co	4905 York Rd	• DAAN 1	1 1966 Files	rar's SIGNATURE



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. and deatl 1. PLACE DF DEATH
a. COUNTY USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY a. STATE after after the Baltimore MARYLAND BaltoPages c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CITY OR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours hours Catonsville .≘ Catonsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS filled event, within 72 ON A FARM? 00 NO X YES 28 Ridge Rd. 28 Ridge Rd within etely completely we carbon 3. DATE NAME OF First Middle Last 4. Month DECEASED DEATH 19 66 (Type or print) Jan. Marv Haupt executed AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS. and con remove 6. COLOR OR RACE 8. DATE OF BIRTH 9. NEVER MARRIED 7. MARRIED iast birthday) Months | Days Hours in any Feb. 28. 1890 WIDOWED X DIVORCED | Female White 12. CITIZEN OF WHAT physician and phease re 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? certificate be House Wife Maryland
14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME the attending it permit. Then Silas Haupt Sisk Sarah 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 28 Md. ö death Mrs. Benjamin Davis 28 Ridge Rd Catonsville cramation, Nο NTERVAL BETWEEN has been signed by the as the burial-transit p prior to burial, cramati CAUSE OF DEATH (Enter only one cause per Une for (a), (b), and (c). law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) 170 DUE TO Cenditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. has CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health this certificate I detached for use te Dept. of Health PERFORMED? YES [NO Z DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING () CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Nome, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de a Hour a.m. While Not While at work at work p.m. 19 55 to 100131. 19.6.6. that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19.6%, and that death occurred at 5.50 M. from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. page DIRECTOR M.D. Page 4 may 22d. ADDRESS FUNERAL PHYSICIAN'S director, p should be NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23a. REMOVAL (Specify) 2 Rodgers Ave. Balto. Burial Good Shepherd Cem. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE **ADDRESS** 24. FUNERAL DIRECTOR 25a. 21229 VR A15 (4) Truman Schwab 3512 Frederick Ave. Balto. Md. DATE 20M 1/65



THEREAL DIRECTOR: After this certificate has been signed by the attending provestor, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE 1. MARYLAND
00307	CERTIFICATE OF DEATH	00300

1. PLACE DE DEAT	Н			2. USUAL RESIDEN	CE (Where decease	d lived, If Institution:	Residence before admission
a. COUNTY	BALT IMORE MARYLAND			a. STATEMARYLAND b. COUNTY BALTIMORE			
b. CITY OR TOV Write RURAL	p. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CATONSVILLE		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE				
d. NAME OF HO			! Pospital, give street address				e. IS RESIDENC
	RSING HOME			377 OAKLEI	E VILLAGE	21229	YES NO
3. NAME OF DECEASED		Irst	Middle	Last	4. DATE OF	Month	Day Year
(Type or print)	NE	TTIE	M. H	EALY	DEATH	JANUARY	3, 1966
5. SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIEO	8. OATE OF BIRTH	9. AG	E (In years IFUNDE	R 1 YEAR IF UNDER 24 HI
FEMALE	WHITE	WIDOWEC	DIVORCED [JULY 11, 19	06 5	9 yrs.	Days Hours Mil
10a. USUAL OCCUPATION OF WORLD	TION (Give kind of work king life, even if retire	done 10b.	KINO OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or f	oreign country) 12.	CITIZEN OF WHAT
BOOKKE			RETIRED	MARYLANI)		S.A.
13. FATHER'S NAM	AE			14. MOTHER'S MAI	DEN NAME		
	LOU	IS KOH	LENSTEIN	HA	NNAH WEI	SS	
15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 16.	. SOCIAL SECURITY NO. 17	, INFORMANT		Address	
NO	(11 Jes Bire was or mates)	A Service)	MF	R. WALTER E.	HEALY, 3	87 OAKLEE	VILLAGE # 2
18. CAUSE OF	DEATH [Enter only or	e cause per	line for (a), (b), and (c).]	()		7	I INTERVAL BETWEEN
PART I. D	PART I. DEATH WAS CAUSED BY:			Hemon	haves		ONSE AND DEATH
4.4	DUE TO						
	Conditions, If any, which) (b) a therosche (VD)						
	gave rise to immediate cause (a), stating the OUE TO						
underlying cau		(c)					
PART II. OTHER	SIGNIFICANT CONDITI	ONSCONTRIB	UTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL	OISEASE CONOITI	ONGIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMEO?
ica	VES NO. Prell ATTO						
PART II. OTHER 2Da. ACCIDENT DR CONTRIBUT (IF EITHER, NO	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
3 20c. TIME OF	INJURY Month, Day,	Year 20d.	INJURY OCCURRED 2De. PI	ACE OF INJURY (Home, f	arm, 2Df. (City	or town) (Co	ounty) (State)
ZOC. TIME OF Hour a.	m. 19	White at wor	Mor while	tory, street, office bldg., e	stc.)		
	21. I certify that (1) (this hospital) attended the deceased from						
	saw the deceased alive on						
22a. SIGNATU	RE	0//	,				DATE SIGNED
	In	don	und M	I.O. PHYS.		STAFF DHYS.	13/66
22c. PHYSICI. NAME (T	yne)			22d. AOORESS			
	10		POUND	3325 FREI			
23a. BURIAL, CREN REMOVAL_(Sh	a a life y	THEREOF	23c. NAME OF CEMETE		23d. LOCAT	ION (City, town or co	ounty) (State)
REMOVAL (SO BURTA		6	LOUDON PARK O		BAKTIM		RYLAND
24. FUNERAL DIR			AOORESS	1.6.13	C'D BY REGISTRA	and the second	R'S SIGNATURE
HUBBARD FU	NERAL HOME.	4107	WILKENS AVE. 2	21229 JAHAN	5 1961	O Francisco	2 Jungan

VR AIS (4)





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S PLACE OF DEATH HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. STATE A MARYLAND Department after death. funeral b. CITY OR TOWN (if outside corporate limits, write RURAL and give magest town) C. LENGTH OF STAY IN 1b c. CITY OR IOWN (If outside corporete limits, write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 8. IS RESIDENCE ON A FARM? EXAMINER: This certificate should be executed within 24 hours after death. If any delay e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to hould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page State hours NO A 3. NAME OF Middle DATE Month Year DECEASED 0F (Type or print) DEATH 15E 19 66 with DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS 7. MARRIED [NEVER MARRIED X lest birthday) Months Deys Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? かんかんしまという page in any 13. FATHER'S NAME Christina and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown) /(If yes give war or dates of service) mermit. ましいしんでいまでしてい INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] cremation, or PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, If any, which geve rise to immediate **DUE TO** cause (a), stating the 603 underlying ceuse last. used as to burial WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) CERTIFICATION PERFORMED? NO X YES -3 should be agent, prior 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Part |) of Item 18. PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED, | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (State) factory, street, office bldg., etc.) While Not While twork A inquiry X. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion 4 should for your files. DIRECTOR: Undetermined manner Natural causes Accident X. Suicide Homlcide CHIEF MEDICAL EXAMINER Page / 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6 FUNERAL I DEPUTY MEDICAL EXAMINER EXAMINER'S director. retained NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 0 Oak Lawn Cemetery Baltimore, Md. Schimunek Funeral Home, Inc. 3331 Brehms Lane #13 25a. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR ALSME (5) 1/65



MI

VR A15 20M I, 15 (4) 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS	301 W. PRESTO	N STREET, BALTIMORE 1, M	IARYLAND
CERTIFICATE CERTIFICATE	OF DEATH		10303
ACE OF DEATH COUNTY		CE (Where deceased lived, If institution: R b. COUNTY	esidence before admission)
Baltimore MARYLAND	Mary Land	B. COUNTY	
CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (IF	outside corporate limits, write RURAL	and give nearest town)
Baltimore	Ealtimore 2	21212	20 1
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
St. Joseph Hospital	133 Regeste	er Ave.	YES ND
IME OF First Middle	Last	4. OATE Month	Day Year
greased ype or print) Julia Parr	Hellman	DE DEATH	11 19 66
X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	. DATE OF BIRTH	9. AGE (In years IF UNDER last birthday) Months	
male White WIDOWED DIVORCED	1/8/66	yrs.	Days Hours Min.
SUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Co		ITIZEN OF WHAT
most of working life, even if retired) INDUSTRY	Baltimore	, Maryland	JOHENT
ATHER'S NAME	14. MOTHER'S MAID		
Walter F. Hellman	Mae Penni	ngton Crandall	
AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
(If yes give war or dates of service)			
B. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Proumont a			ONSET AND DEATH
, IMMEDIATE CAUSE (a)			
enditions, If any, which \ Prematurity			
ave rise to immediate Subarachnoid hemor	rhage, smal	1. brain stem.	
ause (a), stating the	,	•	
nderlying cause last. (c) ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
**************************************			PERFORMED?
Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	f Injury in Part I or Part II of Item 18	
R CONTRIBUTING □ CAUSE OF DEATH F EITHER, NOTIFY MEDICAL EXAMINER)			
	CE OF INJURY (Home, fa	arm.) 20f. (City or town) (Co	unty) (State)
Hour a.m. While Not While facto	ry, street, office bidg., e		
p.m. 19 at work at work	7/0/	-// - 7/77//	6 0 1 0 1 3 1-3
21. I certify that (I) (this hospital) attended the deceased from	1/8/, 1	9 <u>66</u> , to <u>1/11/</u> , 196 7:45M, from the causes and on t	6, that (I) (we) last
saw the deceased alive on 1/11/ 19 66, and that	death occurred at a	A 122b	THE CATE STATED ADOVE.
108 CA 1/A		MED. STAFF	11/66
M.D.	PHYS. 22d. ADDRESS	OIRECTOR PHYS.	11/00
NAME (Type) D. R. Govinda Rao, M.D.		Rd. Baltimore, M	1. 21204
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY		1 23d. LOCATION (City, town or co	
REMOVAL (Specify) 1/13/66 CATHEDRAI		BALTO	
FUNERAL DIRECTOR ADDRESS		C'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
TCHELL-WIEDEFELD HOME, Inc.	1441	14 1956 Melineles	Judge.
	t -21212***	1 1030 1/	0 0 ==



VR A15 (4) 20M 5-63

	MARITANIA SIATE ANI WILLIAM AL HEVETH	
DIVISION OF STATISTICA	AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAN
00214	CEDTIEICATE OF DEATH	0.00

-	UW04±	OLKINIOA.E	OI DEPC111		110304
	1. PLACE OF DEATH	11	2. USUAL RESIDENCE (Where de	coosed lived, If institution, Re	sidence before edmission)
П	. COUNTY		Me. STATE	b. COUNTY	
-	b. CITY OR TOWN (if outside corporate limits,	MARYLAND	Marylana	Baltumo	ore
ı	write KURAL art give naerest town)	c. LENGTH OF STAY IN 16	c. CIPY OR TOWN (If outside corpo	prote limits, write RURAL and	give neerest town)
ı	Kural Towson		Kural loi	uson	,
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospit	e , g ve street eddress)	d. STREET ADDRESS	-	. IS RESIDENCE
R	Kane Rd. Glen Arm Md.		Kana Rd Clan	Ann Md	ON A FARM?
В	3. NAME OF	Middle	Last 4. DATE	Month	
П	DECEASED	4 , 1/	OF	Monte	Day Year
_	(Type or print) +d= /3)	1 rd Tren	derson DEATH	Van,	5 1966
ı	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED B.	DATE OF BIRTH 9.	AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
ı	Female White WIDOWED	DIVORCED /	March 28 1875	90 vrs. Months D	eys Hours Min.
ŀ		D OF BUSINESS OR INDUSTRY	11. B RTHPLACE (County & State, or	foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
П	done during most of working fife, even if refired)	It Home	West Virginia		SA
-			0		
Н	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
ı	Allen Stewart		Rebecca McJa	rland	
П	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	FORMANT	Address	_
1	(Yes, no, pr/unkown) (Ifyes give war or dates of service)	Glo	enn S Henderson	Kane Rd G.	lon Arm
2	18. CAUSE OF DEATH Enter only one cause per line		- 1		
Т	PART I. DEATH WAS CAUSED BY:		1 11-		ONSET AND DEATH
П	IMMEDIATE CAUSE (e)	y o Critical	tu?-11.01	arry	2 days
П	1/22/ DUE TO	<i>l.</i>	, ,		
П	Conditions, if eny, which \ (b)	terio sular	otic (V		
Т	gove risa to immediate cause				
Н	(a), stefing the underlying cause lest,				
Ţ,	(-)	RELITING TO DEATH BUT NOT	BELATED TO THE TERMINAL DISEASE	CONDITION CIVEN IN BART	V-1 10 WAS ANYONS
			1		PERFORMED?
		Nascula	, ,		TYES NO D
	200. ACCIDENT WAS UNDERLYING 20b. DESCI OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTITY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	. (Enter nature of injury in Pert 1 or Pert	Il of item 1B.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJ	JURY OCCURRED 200. PLAC	E OF INJURY (Home, ferm, ; 20f. (City	or town) (Count	(State)
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJ Hour a.m. While		y, street, office bidg., atc.)		
	p.m. 19 et work [at work	1 641	3	
П	21. I certify that (I) (this hospital) attende			J27 15, 196	🤐 that (I) (we) last
Н	saw the deceased alive on	19 and that c	leath occurred at . 73M, from	the causes and on the	date stated above.
Т	22e. SIGNATURE		1		22b. DATE
Т	William Gara /	your M.D	ATTENDING MED.	STAFF PHYS.	1-15-161GNED
1	22c. PHYSICIAN'S	-1	22d ADDRESS	11	T
1	NAME (Type) William A.	yson	11-9	sville 1	VIL,
-	23. BURIAL CREMATION 123b. DATE THEREOF	22- NAME OF CENTERNY O	O COLINA YOUNG	TION (C't. I	HOC X SH T STEE
1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Spherty) 1/19/66	23c. NAME OF CEMETERY O	. 1	TION (City, town or county)	(State)
1	Dureac 1/19/00	Sunset Memo	rial(lar	Rsourg	w.va.
:	24 FUNERAL DIRECTOR'S SIGNATURE	ADPRESS / / / D	25e. REC'D BY REGIST	RAR 256. REGISTRAR'S SH	
ı	Leonard & Kuck Inc 530	15 Hartord K	a JAN 20 193		with.



MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISIO	N UF STATE	STICAL	KESEA	ARCH AND	RECURDS	, 301 W.	PRESTU	N SIKEE	I, BALIIM	ORE 1, I	//ARY	AND	-
12	00312				CERT	IFICAT	E OF I	DEATH				1)(130	()
π.	PLACE OF DEAT a. COUNTY Balti				N	IARYLAND	B, ST			ceased lived, If I b. COL		èesi dence	before ad	mission
_	b. CITY OR TOW	N (if outside cor and give neares	porate IIm	its,	c. LENGTH OF					porate limits, v	vrite RURAL	and glv	o neares	t town)
							Ral	timore	2	21218			and of	4
	d. NAME OF HO	MOTA SPITAL OR INSTIT	TUTION (if	not In ho	spital, give stre	et address)		T ADDRESS				6	ON A F	IDENCE
	St	. Joseph	Hospi	ital			31	00 St.	Paul	St.		,		NO 🔀
3.	NAME OF DECEASED		First		Middle	3	Las	it	4. DATE	Mon		Cay	Yea	
	(Type or print)	<u>Kathle</u>			C.		Hennes	- 67	DEATH		4		13	66
5.	SEX	6. COLOR OR R	ACE 7. M	ARRIEO	NEVER MAR	RIEOK	B. OATE OF	BIRTH	9.	AGE (in years	Months I	1 YEAR	Hours	R 24 HRS
1 -	emale	white		DOWED		RCED 🔲	7/5/			66 yrs.				
10. du	a. USUAL OCCUPAT	ION (Give kind of a ing life, even if r	work done etired)	10b. KI	ND OF BUSINES DUSTRY	S OR			munty & State	, or fereign count	ry) 12. C	OUNTRY		
S	ecretar	y-Retir	ed		xander	80	1	land				U.	S.A.	
13	. FATHER'S NAM	E		A	lexand	er	14. MOTI	HER'S MAIO	EN NAME					
J.	ohn i	Henness	еу				Cat	herin	e Hea	aphy				
T!	s. WAS DECEASED (EVER IN U.S. ARMI	ED FORGES	7 16.5	SOCIAL SECUR IT	YNO. 17.	INFORMANT	Т		Addr	ess	-	Dr	rive
()	No	(11)cspiic na oi u	MECO DI SCITIC		2-03-02	Oh The	omas	L.Her	nesse	ey,109	Shet	lan		
_	18. CAUSE OF	DEATH [Enter on	ly one caus									INTE	RVAL BE	TWEEN
	PART I. O	EATH WAS CAUSE	D BY:	R	onohomey	40.00	an ama		north ass			ONS	ET AND C	DEATH
	1	IMMEDIATE CA		me	onchoger tastasis	to me	nar ore	rane i	exten ncludi	ng heen	+			-
	Cenditions, If		OUE TO	****	000 00020	. 00 110	44) OF E	,4410 11	1101001	TIE TOUT				
	gave rise to	Immediate ((b) DUE TO									-		
	cause (a), si underlying caus													
8		SIGNIFICANT CON	(C) Ditions c	NTRIBU	TING TO DEATH E	BUT NOT RELA	TED TO THE	TERMINALD	ISEASE CON	IOITION GIVEN I	N PART 1(a)	19.	WAS AU	
EAT			_								•		PERFOR	MEG7
ΙĒ	20a, ACCIDENT	WAS UNDERLYIN	G 🗇	20b. 0	ESCRIBE HOW I	NJURY OCCU	IRREO. (Ente	er nature of	Injury In P	art I or Part II	of Item 18		2 FV	110
CERTIFICATION	OR CONTRIBUTI	ING [] CAUSE OF TIFY MEDICAL EX	DEATH (AMINER)					.,	,	-,				
		INJURY Month.		20d. IN	LIURY OCCURRE	D 120e P1A	CE OF INJUI	RY (Home fa	rm. 20f	(City or town)	/Co	unty)	(5	State)
MEDICAL.	Hour a.r		1001	While	Not While -		ry, street, of	ffice bldg., e	tc.)	(OIL) OI LOININ	(00	MI 637	10	,,,,,
Ξ	p.i		19	at work	at work		10	14	68	Year 1	2 6	-		
1		y that (I) (th <u>is</u>		attende	d the decease	/U 41 VIII		31 , 1	965 to		190	th th	at (I) (w	ve) las
	saw the dec	ceased alive on	Jan	. 13	19 00	and that	death occ	curred at_	en M, fr	om the cause:	s and on t	he date	stated	above
	ZZZ. SIGNATUI	120 A	indu	1			ATTENO	ING -	MEO	_ STAFF _				
	22c. PHYSICIA	1V/S/	moun			M.C		ADORESS	OIRECTOR L	PHYS. X	J _ L	/13/	00	
	NAME (T)		. Gov	inda	Rao, M.	D.	76		k Rd.	Baltim	ore,	Md.	2120/	4
23.	a. BURIAL, CREM		ATE THERE	OF	23c. NAME C	FCEMETERY	OR CREMA	TORY	23d. L	OCATION (CIty,	town or co	unty)	(St	tate)
	Burial	11/1	5/196	56_		Cathe	dral	Cem.	Bal	timore		1	Md.	
	. W.Jenk:		ons (10	4905 Y		004	25a. REC	O'O BY REGI	STEAR 25b.	REGISTRAR	'S SIGN	ATURE	يد.
11	·W · J GIIK.	T112 00 D	UIIS (JO .	Baltim		DAU 2 MA	DATE	111 -4-	.040	/	- 6	1 0	
1					1784 12 17 16 61 8	0 4								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The pages remove carllon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removel, and in any event, within 72 hours after, death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exemted within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR AI5 (4) 20M 1/65

4



	DIVISIO	N OF STATISTIC		RCH AND REC	CORDS	ARTMENT OF , 301 W. PRESTO	N STRE		ALTIMOI	RE 1, M.	ARYL	AND	0
. 1	00313			CERTIFI	CATE	OF DEATH					UU	<u>30</u>	t)
1.	PLACE OF DEATI	1		,	,	2. USUAL RESIDENC	E (Where	deceased I	ived, If Inst		sidence	before a	dmissien)
		Baltimore		MARY	LAND		rland				tim	one	
	b. CITY OR TOW Write RURAL	N (if outside corpora and give nearest tow	te limits, (n)	C. LENGTH OF STAY	/ IN 1b	c. CITY OR TOWN (IF	outside d	orporate	limits, wri	te RURAL	and give	e neare	st town)
		Owings Mil	Le			Rela	ıy						
	d. NAME OF HO	PITAL OR INSTITUTION	ON (If not in hos	pital, give street a	(ddress	d. STREET ADDRESS					6.	ON A	SIDENCE FARM?
		Rosewood St				5151		duct		<u>e</u>	Y	ES 🗌	NO 5
3.	NAME OF DECEASED		Irst	Middle		Last	4. DAT	_	Month		Day		ar
_	(Type or print)		rome			HERBERT	DEA			CHARGO I	2		66
3.		6. COLOR OR RACE	7. MARRIED		- FT	DATE OF BIRTH		9. AGE	(in years birthday)		Days	Hours	
l Co	Male	White ION (Give kind of work	WIDOWED [DIVORCE		6/15/65	umber P. Ob	do on dovo	yrs.	6 12. Cl	17) C 10163.8	
ur	ing most of work	ng life, even If retire	d) INC	DUSTRY						TZ. COI	UNTRY?	?	
13.	Dependen			ho	ne	Baltimor			ma			U.S.	.A.
			ada Tar			_							
15		ncis Herber		OCIALSECURITYNO). 17.	Joan Bramh	ISTI		Addres	<u> </u>			
(Ye	es, no, or unkown)	(If yes give war or dates o	of service)			osewood Reco	and a	Ourie			Man	ar] = 1	
-		DEATH [Enter only on	e cause per lin	none		Sewood Reco	rus	OWII	iks m	11.63		yla:	TWEEN
	PART I. DE	ATH WAS CAUSED BY				12-	17.0	e . 6°	_			TAND	
1	r 21	IMMEDIATE CAUSE		NYENT	AL.	HEART	1/130	<u> </u>	H				by'A)
	Conditions, If	DUE any, which \	l l		, <	*						Cm.	JILS
	gave rise to		(b)	22700	7								-X1 /1 M
1	cause (a), si underlying caus	arms are [(c)										
5	PART II. OTHER'S	IGNIFICANT CONDITION		ING TO DEATH BUT!	NOT RELA	TED TO THE TERMINAL D	ISEASEC	NOITION	GIVEN IN	ART 1(a)		WAS A	UTOPSY
Z.											YES		NO X
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA IFY MEDICAL EXAMI	TH NER)	SCRIBE HOW INJU	RY OCCU	RRED. (Enter nature of	injury in	Part I or	Part II of	Item 18.)			
3		NJURY Month, Day,			2De. PLAC	E OF INJURY (Home, far	rm, 20f.	(City o	r town)	(Cour	ity)	- ((State)
3	Hour a.g	**	While at work	Not While at work	100.001	3, 34 cct, 01,100 blug., 00							
	21. I certif	y that (I) (this hos	oital) attended			6-28 19	65, 1	0	1-2	_, 19 <i>_61</i>	, the	at (I) (we) last
		eased alive on	1-2	19 66 8	and that	death occurred at	20M,	from the	e causes a				d above.
	22a. SIGNATU	E /./	1	20	A	ATTENDING - N	AED.	ST	AFF rtar	22b. DA	TE SIG		
	22c. PHYSICIA	N'S	1 m	to and	M.D.	PHYS. D	DIRECTOR	L PH	YS. K		~ -	66	4
	NAME (T)	pe) Harvey		non, M.D.		Rosawood			spita.				
3a	REMOVAL (Spe	ATION, 23b. DATE	THEREOF	23c. NAME OF CI	7	OR CREMATORY	23d.	2	N (City, to		ity)	(5	tate)
24	DURIAL	0108	66	ADDRESS	-147	HED RA L	'D BY PE		フンノイ		SIGNA	TURE	1
-7	DITEINE DITE	A Marie		The state of		2 4 230. NEW	DUINE	am munit	- W.	morning o	710.41	110111	

1966

VR AIS (4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

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M 1/65) - 150, 11, ac 1913 Dally



FOR STATE HEALTH DERT.

P.M.3. Poge necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shalld be forwarded to this factor. th the State Department of thin 72 hours ofter deoth the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and Health or its designated agent, prior to burial, cremation, or removal, and in any element

VR A15ME (5) 6M 1/66

This certificate should be executed within 24 hours after death. If

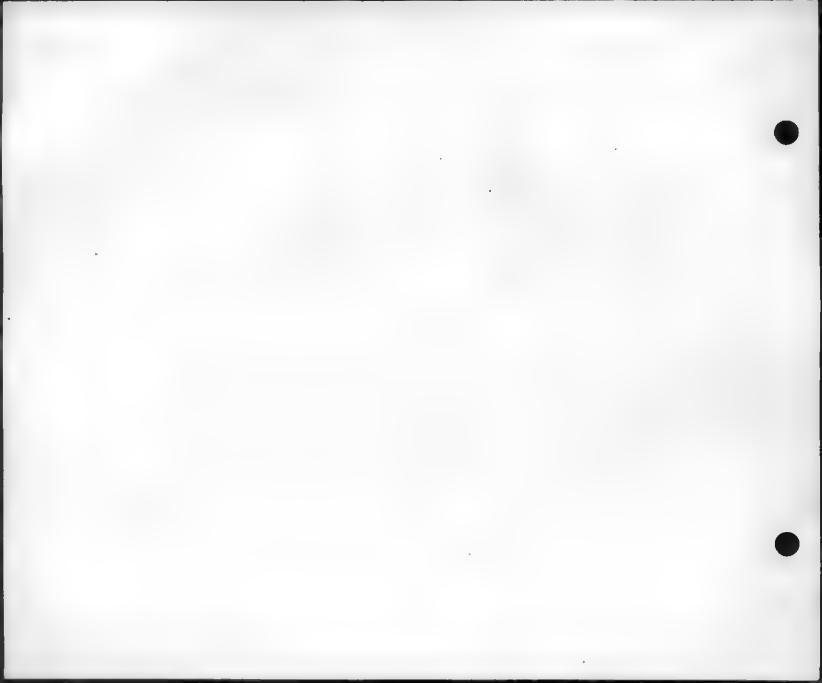
TO DEPUTY MEDICAL EXAMINER:

00314

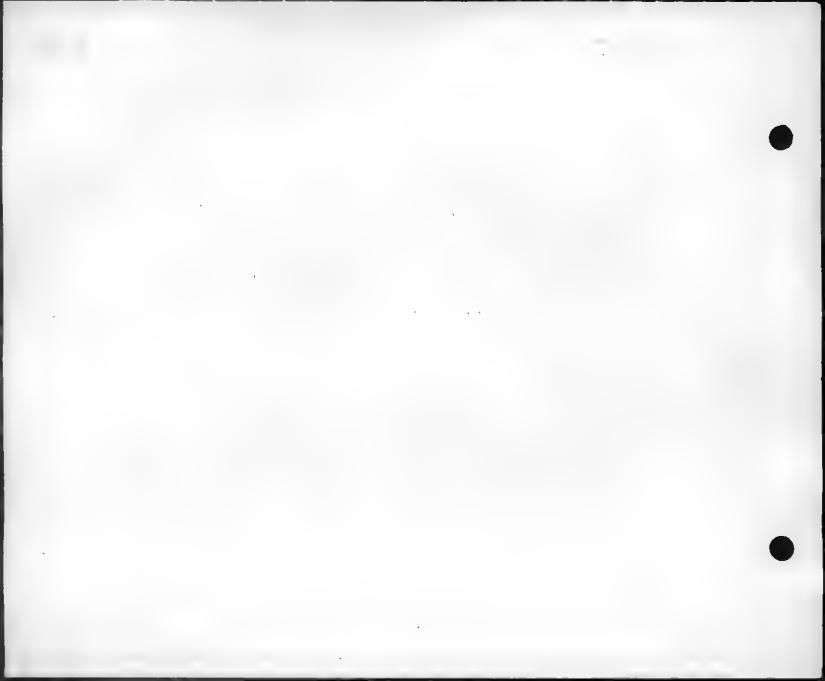
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00307

1 PLACE OF DEATH				Where deceased lived, if institution Res	idence before admission)
Baltimore		MARYLAND	Maryland	Balti	70.77.0
b CITY OR TOWN (If outs de carporat	e I mits.	C LENGTH OF STAY IN 16		utside corporate I m ts, write RuRAL and	
write RURAL and give nearest taw	n)			/	give needed to may
Towson			Towson		
d NAME OF HOSPITAL OR INSTITLT OF	I (It not in haspital, i	give street oddress)	d STREET ADDRESS		B IS RESIDENCE ON A FARM?
<u> </u>				onnington Circ	le YES NO 🔀
3 NAME OF DECEASED	First	Middle	Lost	4 DATE Month OF _	Day Year
(Type or print) HAT	RY O. HE	RCHE		DEATH January	20, 19 66
S SEX 6 COLOR OR RA	CE 7 MARRIED	NEVER MARRIED	B DATE OF BIRTH		DER 1 YEAR IF UNDER 24 HRS
Male Mite	WIDOWED	D VORCED	9/25/1886	last birthday) Month	ns Doys Hours Min
100 USUAL OCCUPATION (Give kind of war		ND OF BUSINESS OR	11 BIRTHPLACE (Stote		CITIZEN OF WHAT
during most of working life, even if retired)	C + IN	DUSTRY			COUNTRY?
Owner 13. FATHER'S NAME	Ste	am packing	Marylan	10	SA
			14 MOTHER'S MAIDEN	NAME	
Henry Herche			Kathery	n Sieman	
15 WAS DECEASED EVER IN U.S. ARMED FO		SOCIAL SECURITY NO 17	INFORMANT	Address	
Yes WI II	outes of services	7 .09 7323 1	ahal C da	rche 1111-A Do	nnington (i
18. CAUSE OF DEATH (Enter only o	ne couse per line for	(a)/(b)_ent (c))	7///	Time Hill-R DO	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED B'	/	10/1 (c)	2	104 7/2	ONSET AND DEATH
I/ / V IMMEDIATE	11	MUSEC Y	DUWALA	I-I-T-T-L-Y-Id-	Dida
Conditions if you while you	DUE TO 1	A-1-160	116.	C-/	2 m 11/
Canditians, if any, which gave inse to immediate couse (a),	(b)	JUI PYIU	WYI MYES	PH/	1/102148
stoting the underlying couse	DUE TO		1		
lost,	(c)				
PART I OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL D SEASE COL	NDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY
200 EXTERNAL CAUSE WAS PRIMARY Of OF CONTRIBUTING CAUSE OF DEATH. 200 TIME OF INJURY Month, Day, Mont					PERFORMED? YES NO Z
20o. EXTERNAL CAUSE WAS	20h DE	SCRIBE HOW INJURY OCCURRE) (Enter noture of introduc	Port or Port II of Hem 18)	1 10 11 110 12
PRIMARY Or CONTRIBUTING	200 00	SCRIDEOH IMOR. OCCORNE	truck to ore at the boy in	ton a ton har hen to y	
CAUSE OF DEATH.					
20c TIME OF INJURY Month, Day,)	eor 20d li While		ACE OF INJURY (Hame, form octory, street, affice bldg., etc.)		(County) (Stote)
p.m.		of work	sciory, siroer, errice blug., erc.		
21. I certify that I taak o	harae of the ren	nains described above	neld an Autansy	Inspection & Inquiry	, and in my apinian
death resulted from N			icide , Hamrade		
1/25//		Hadden LJ, St	CHIEF MEDICAL		
ACTUAL		Do - wall	L	DICAL EXAMINER	22. DATE SIGNED
SIGNATURE	9/10/1	viner	IN D		
EXAMINER'S NAME (Type)	12, F.	51172 1	//	AL EXAMINER	120111
	- / C	1/ONNE		t, city, town, or county)	/60
	TE THEREOF	230 NAME OF CEMETERY O	R CREMATORY	23d LOCATION (City or Town)	(County) (State)
	4/1966.	Parkwood (lemeterv	Baltimore Co.	
24 EUNERAL DIRECTOR		ADDRESS	ZSo RECI	25 1966 25 REGISTRAR	SIGNATURE
wm. E. John	son 8521	Loch Raver	Blvd MAN	25 1966	- Lank or



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where-deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removar, and in any event, within 72 hours after. Baltimore MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Wilson Mount d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Wilson State Mount YES TH Hospital NO L executed within NAME OF Middie First Last 4. DATE Month Day Year DECEASED OF DEATH 6 (Type or print) 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR HE UNDER 24 HRS DATE OF BIRTH 9. 7. MARRIED NEVER MARRIED Last birthdey) Months Days WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (County & State, or foreign country) TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. INDUSTRY COUNTRY FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, ng, or unkown) | (If yes give war or dates of service) Records. Mt. Wilson St. Hospital Hosp. NTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last, (c) CERTIFICATION PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES IV NO 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) EDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 208. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 06 and that death occurred at 3: 15M, from the causes and on the date stated above. SIGNATURE DATE SIGNED 22a. 22b. ATTENDING STAFF PHYS. M.D. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS NAME (Type) Newcomer Superintendent Wilson. BURIAL, CREMATION, REMOVAL (Specify) LOCATION (City, town or county) (State 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS REGISTRAR VR A15 (4) DAT 15M 4-64



00216

MARYLAND STATE DEPARTMENT OF DEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DEATH

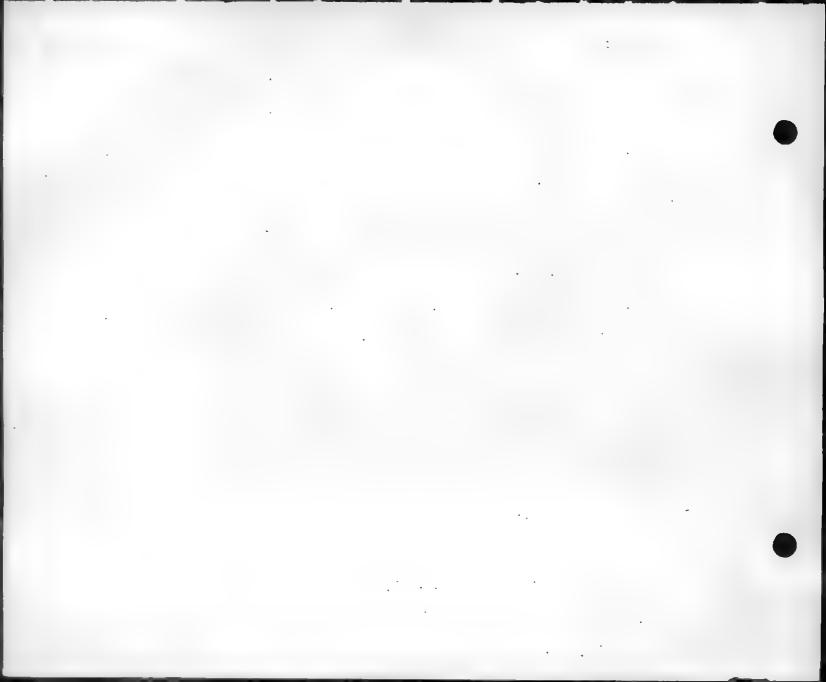
OF DEATH CERTIFICATE OF DEATH

1_		0.0201
1	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, 1f institution: Residence before admissi
	DALTO, MARYLAND	ME DALTO.
-	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow
(ATONSUILLE	CATONSUILLE 03-1
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDEN ON A FARM
ो	526 INGLESIDE AVE	526/NGLESIDE AUE. YES NO
3	NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
F.	(Type or print) CEORGE - HOERL	DEATH JAN 3/ 1966
1º	7. MARKIED NEVER MARKIED BY	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 241 last birthday) Months Days Hours M
	WIDOWED DIVORCED	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
d	Da. USUAL OCCUPATION (Give kind of work done in 10b. KIND OF BUSINESS OR uring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
_	CARPENTER RET	7112
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	JOHN L. HOERL SR	MARIE E. KULL
- 2	Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	YES 220016767/M	ARJORIE HOERL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	. INTERVAL BETWE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Untermediate	condemnate desure 14:
	422/ DUE TO	,
	Conditions, if any, which (b)	
	gave rise to immediate cause (a), stating the DUE TO	
١,	underlying cause last.) (c)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOP
1015	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED
1 212	-Employee a	YES NO
SCITCATION	20b. DESCRIBE HOW INJURY OCCI OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLF 40ur a.m. While - Not While	ory, street, office bldg., etc.)
1		
	21. I certify that (I) (this hospital) attended the deceased from	June 5, 1966, to Jan 31, 1966, that (1) (we)
		t death occurred at 12 5/M, from the causes and on the date stated about 1 22b, DATE SIGNED
	22a. SIGNATURE	ATTENDING MED. STAFF
	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 7
	NAME (Type) . DHAY A NEID, 77,00	1009 Fred all Eve walt 28 ho
2		Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
		HURLH CATONSVILLE Md.
3 -	24 FUNERAL DIRECTOR 301 F-2-0 ADDRESS P.1	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
10	- 5 MAI NARR JULIA DE DERICH NE	1966 / 1966 / 1966

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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Page 4 may be retained by the hospital or attending physician.

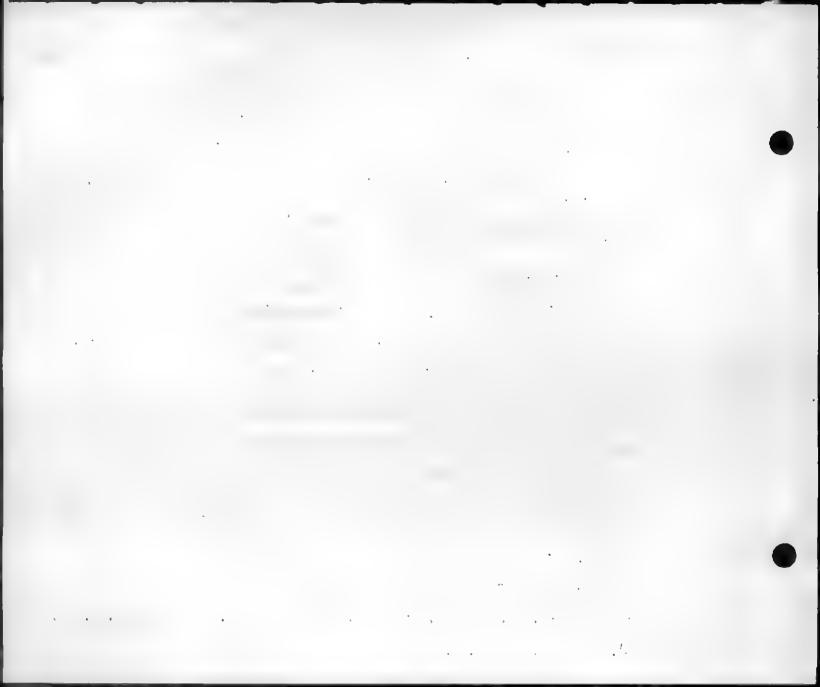
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
O317
CERTIFICATE OF DEATH
PLACE OF DEATH

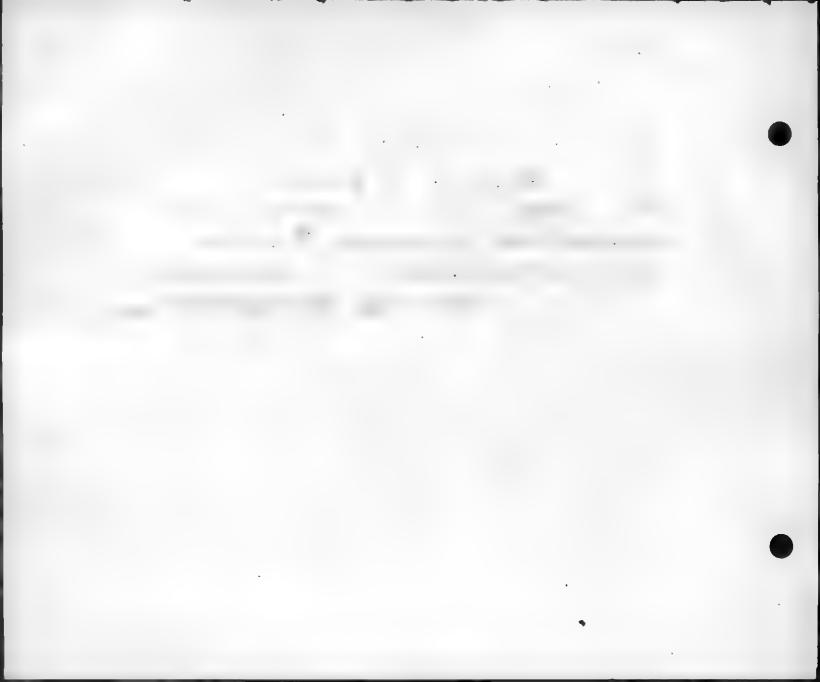
PLACE OF DEATH

PLACE OF DEATH

<u> </u>	UUOL6 GERIIFICAL	E OF DEATH	R
1.	PLACE OF DEATH a. COUNTY	1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence	before admission)
	Rolfimana	a. STATE Maryland b. COUNTY Baltimo.	no
	INACTUAL	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	o nearest town
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	T :	to modicat town,
	louson.	lowson/	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	ON A FARM?
	Armacost Nursing Home	1 1/02 / /: // /	res No &
3.		Last 4. DATE Month Day	Year
	(Type or print) Anna Peregory Hoffman	DEATH January 16.	19 <i>66</i>
5,	SEX 6, COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR)	
17	omale White	last birthday) Months Days	Hours Min.
	MIDOMED MIDOMED MIDOMED	July 16, 1875 90 yrs.	OF WELDT
qn	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Iring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN COUNTRY	T WHAT
	Housewife Own Home	Manuland	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Joshua Peregory		
1		INFORMANT Address	
	es, no, or unkown) (If yes give war or dates of service)		
	No None	family records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTE	RVAL BETWEEN ET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEHY DRATTO		8 HBS
ı	221 V	7,7,7	
1	00210	Again 1=5	YRS,
	conditions, if any, which gave rise to immediate (b)	CULAR ACCIDENTS +1	250 ENT
	DUE TO	Y	GAT (
_	(6)		
1 S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.	WAS AUTOPSY PERFORMED?
8		YE	
E	20a, ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
MEDICAL	Hour a.m. While - Not While - fact	ory, street, office bldg., etc.)	(State)
闄	p.m. 19 at work at work		
1	21. I certify that (I) (this hospital) attended the deceased from	8/30 1957, to 1/16 1966, th	at (I) (we) last
Ш		at death occurred at Local M, from the causes and on the date	e stated above.
П	22a. SIGNATURE	22b. DATE SIG	SNED
	Donald L. Somercle M.		166
	NAME (Type) DONALD L. S'OMERVILLE M	D. 25 W. PA. AUE. TOWSON, M.)	21204
23	la. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county)	(State)
1	Burial (Specify) Jan. 19, 1966 Mt. Carmel Co	emetery Mt. Carmel, Balto. Co.,	Nd.
2	4. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
		10N 2 1 10CC 10 0	
	John Burns' Sons, Towson, Maryland	DATE II 4 7 1200 1 " - 2200 X44	of you

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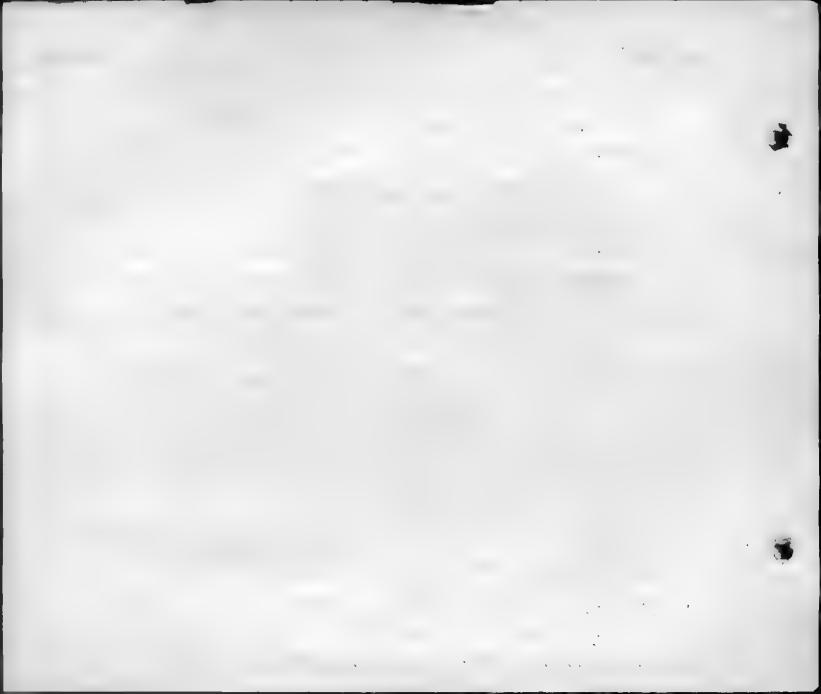


TO HOSPITAL MATTENDING PHYSICIAN: The law requires that the death certificate be executed with 24 hours after death. Page 4 Inchestal DIRECTOR: After this certificate has been signed by the attending physician and completely fined in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please randow carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in at Mayorh, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00001 11111011

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edm ssion)
A. COUNTY	e, STATE AD b. COUNTY
DAL FIMARE MARYLANI	II TO A A A A A A A A A A A A A A A A A A
b. CITY OR TOWN (if outside corporate I mits, c. LENGTH OF STAY IN I	b c. CITY OR TOWN (If ourside corporate limits, write RURAL and give neerest town)
write RURAL and give nearest town)	
- DAL-TIMORE XINCS	DALTINICKE
d NAME OF HOSPITAL OR INSTITUTION (il not in hospite,, give street address)	d STREET ADDRESS
The Control of the State of the	ON A FARM?
The Manual of the second	1/2,7 1.6 at 11 11 11 11 11 11 11 11 11 11 11 11 11
acon nuksing theme	TELLIFERY HELHS TWE ITS INOU
3. NAME OF First Middle	last 4. DATE Month Day Year
DECEASED	// OF
(Type or print)	HOGAN DEATH JAN ARV 16 1966
111 PK (**) - 11, 17KY	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
f / / / / / / / / / / / / / / / / / / /	lest birthday) Months Days Hours Min.
FP) 11 1/ P // I WIDOWED DIVORCED	JAN 16, 1845 7/ m.
10a. JSUAL OCCUPATION (G.ve kind of work done during most of working life, even if refired)	STRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Solie during most of working life, even if relifed)	W. 11. 1:00
Vehool leacher	()ALTIMICAP
13. FATHER S NAME	14. MOTHER'S MA DEN NAME
10 / //	= (
Michael H. Harasi	Floor about l'Assaciance
- I'L'ELLACH IT ITEGATIV	Lell 2HOEIN LAVANALGH
15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address
(Yes, no or unkown) (Hyesgive war or dates of service)	
215-24-15381/	SPOR M HONAN - AME
The content of powers that the same of the	TINTERVAL BETWEEN
18. CAUSE OF DEATH (Enter only one cause per line for (a) /(b), and (c)	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	December
MMEDIATE CAUSE (a)	Menumona,
X DUE TO	
Conditions, if any, which \ (b) Which	13 8 N ON PAGE - AVENTAGE
177	- Security
gave rise to immediate cause	
(a), stating the underlying	
cause last.	1
The same of the sa	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED?
	the trenthe law house YES IT NO IN
200. ACCIDENT WAS UNDERLYING 1 206. DESCRIBE HOW NIJRY OCCU OR CONTRIBUTING 1 CAUSE OF DEATH OF IT FITHER, NOTIFY MEDICAL EXAMINER!	Vent with him telling
E 200. ACCIDENT WAS UNDERLYING [] 206. DESCRIBE HOW NIJERY OCCU	RED. (Enter nature of njury in Part I or Part II for I tem 18.)
OR CONTRIBUTING [] CAUSE OF DEATH	
U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Diameter and a second s	PLACE OF INJURY (Home, farm, 201. (City or town) (County) (Slate)
Hour a.m. While Not While	fectory, street, office bldg., etc.)
p.m. 19 at work at work	
	1/1/1/19/19/19/19/19/19/19/19/19/19/19/1
21. I certify that (I) (this hospital) attended the deceased fro	m
saw the deceased alive ob 1 11 16 19.66, and t	hat death occured at
22a. SIGNATURE	22b. DATE
	ATTENDING MED. STAFF SIGNED
out I much ma	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) De 11.	UTI WILL LARLY HIS B- HI
- EE J. VOIEBICIA /	10 41061191115 0211619
23a, BUR AL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City town or county) (State)
REMOVAL (Specify)	111111. 4 1011.
BIRIAL 1/20/66 NIII. (A)	Thedrah Comeles V BALTIMERE, Ald
DA SUNISDAL DIRECTORIS SICHATURS	250, RECIO BY REGISTRAR 256, REGISTRAR'S SIGNATURE
24 FUNERAL DIRECTOR'S SIGNATURE / ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
File with flow ansof H . I land	16 1+5 MAN 74 1966 4. 1 mm 1 Junes.
IL / LUNKTO PIKINAUSI TUCALIDERTUI	TO 10 1000 A



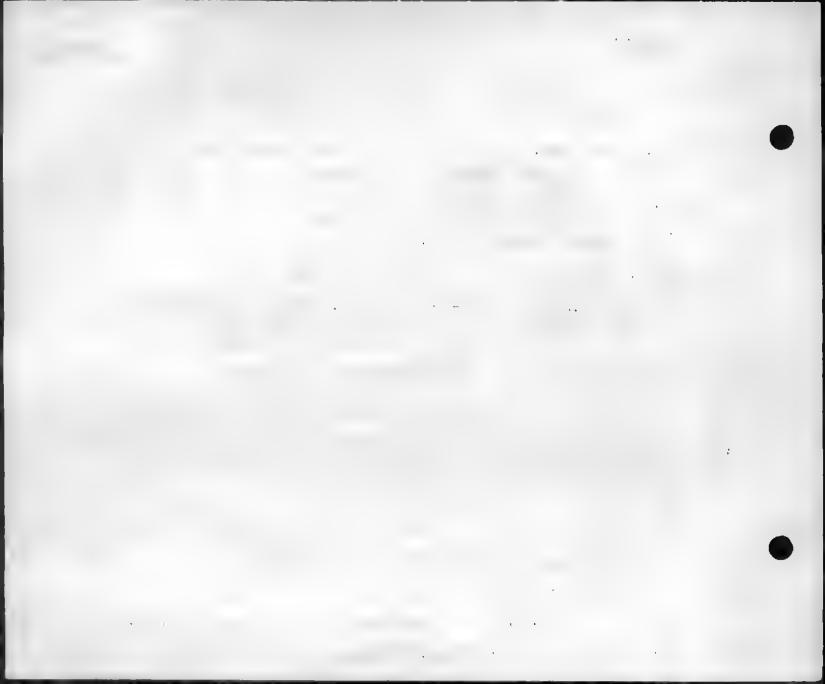
24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the the contraction. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Combifecuted within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1 00322 CERTIFICAT	E OF DEATH
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town) Towson	Towson 63 /
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 9. IS RESIDENCE
	ON A FARM?
St. Josephs Hosp. 3. NAME OF First Middle	919 Southey Road YES Nok
DECEASED	HOSKINS OF January 16, 19 66
(type of grind)	8. DATE OF BIRTH 19. AGE (In years) IFUNDER 1 YEAR HFUNDER 24 HRS.
M. White	last birthday) Months Days Hours Min.
WIDOWED DIVORCED	March 26, 1906 59 yrs.
during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Real Estate Broker Real Estate	Ky. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Dode J. Hoskins	Nancy Roberts
(Yes, no, or unkewn) \((tfyes give war or dates of service)	INFORMANT Address
Yes W.W. 2 555-26-1639 M	rs. Helen M. Hoskins, Same as \$ 2
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My crandle	al un Eurition 2x0 Guellos
4201 OUE TO 60	(101
Conditions, if any, which } (b)	iris Edema Pewhour
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of Injury in Part I or Part II of Item 18.)
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	•
2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Walle - Not walle -	ory, street, office bldg., etc.)
	6/10 1965 to 1/16. 1966 that (1) (yet last
21. I certify that (I) (this-hospital), attended the deceased from	at death occurred at SAM, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
Samuel Marrison M.	O. PHYS. MED. ORECTOR PHYS. 1/16/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) Da mue / Morrisor	1/ E (hase or (2)
23a. BURIAL, CREMATION, 23b. CATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Jan. 19, 1966 Bardstown	Bardstown, Ky.
24. FUNERAL OIRECTOR AODRESS	23d. REC D DI REGISIRAR 23D. REGISIRAR 3 SIGNATURE
Wm. Cook-Brooks Towson, 1850 York Road	nd DATAN 20 1966 Jelianlas Judici
Towson 4, Maryla	na longit o lood //

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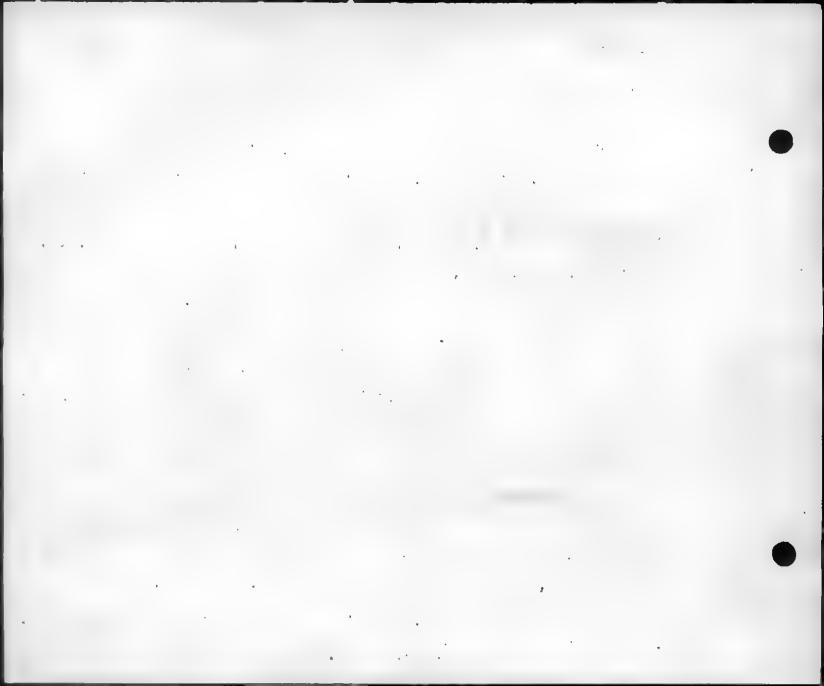
executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificity be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00216

1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY				
Baltimore MARYLANO	Maryland Baltimore				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Hampton	Hampton				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?				
1306 Woodshole Road	1306 Woodshole Road YES NO X				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print) Col. Charles Ridgely H	oward Death January 13 1966				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
M WIDOWED DIVORCED	11/29/1903 Sax birthday Months Days Hours Min.				
1Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
Real Estate Donnell M.Smith					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
William R. Howard, Jr.	Louisa Thomson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give was or dates of service);	INFORMANT Address Transferren Pd				
Yes WW II Wi	lliam R. Howard III, Towson! . Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BÉTWEEN ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					
DUE TO	- Fort Bunklio				
Conditions, if any, which \ a C . How	I C'es Come C - Browner & Block & Com.				
gave rise to immediate					
cause (a), stating the underlying cause last.	mie Branchites 2044				
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTING TO DEATH BUT NOT RELIED TO BE CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO				
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA	ICE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)				
20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. While Not While at work at work at work	y y arreet or neoning , every				
21. I certify that (I) (this hospital) attended the deceased from	are 1964 to 1-13, 1966, that (1) two last				
saw the deceased alive on 1-8 1966, and that	t death occurred at ZOAM, from the causes and on the date stated above.				
22a, SIGNATURE	22b. DATE SIGNED				
Warpla Cl. scare M.	ATTENDING MED. MED. STAFF DIRECTOR PHYS. DI (-/4-65				
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS				
Dr. Warde B. Allan	6 E. Eager St.				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER' REMOVAL (Specify)					
Burial 1/15/1966 St. Thomas	Church Garrison Gorden, Md.				
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
H.W.Jenkins & Sons Co. 4905 York R	oad DATEAN 14 1968 yellowles Judge				
DOL VU LE VI					

VR A15 (4) 20M 1/65



FOR STATE HEALTH DEPT.

TO DEPUTY MED CALLINGER: This certificate should be executed within 24 hours after death. If any delay essary please execute certificate, writing the word "pending" in permit in item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

THE FURERAL DIRECTOR: Page 3 should be asset as a furial-transit permit. File pages and with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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	MART	FULL DIVIE DE	CARTIMENT OF	BEAL	117	
Division o	f STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREE	T, BALTIMORE	1, MARYLAN
00318		EXAMINER'S				0.03

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. county Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Towson	Baltimore 03-/
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	
St. Joseph's Hospital	1707 Weston Ave. Zone 34 YES NO K
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year OF Jan 23 1966
(Type or print) Robert Huddler, Jr.	8. DATE OF SIRTH 9. AGE (IN years FUNDER 1 YEAR IF UNDER 24 HRS.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.
	Jan. 10, 1966 yrs 13 11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. K:ND OF BUSINESS OR INDUSTRY	Baltimore, Md. U.S.A.
13. FATHER'S NAME	14. MÖTHER'S MAIDEN NAME
Robert Huddler, Sr.	BEYERLY FLLA WEALSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT. Address
(Yes, no, or unknown) (If yes give war or dates of service)	OBERT HUDDLER 1707 WESTON AVE 21234
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	1/1/2512 Congerula divis
1545 DUE TO	,
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	ATENTOTHE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) . 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	PERFORMED?
N N N N N N N N N N N N N N N N N N N	YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORT TO THE PARTIE OF LONG TO THE PARTIE OF LONG TO THE PARTIE OF LONG TO THE OF INJURY MONTH, Day, Year 200d. INJURY OCCURRED 200e. PI Hour a.m. While Not While at work at work at work	URRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	ACE Of INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. p.m. 19 at work at work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, h	eld an Autopsy . Inspection . Inquiry . and in my opinion
	uicide . Homlcide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE CILLECTO TO SOURCE	M.O. ASSISTANT MEDICAL EXAMINER 22 DATE SECNED
	DEPUTY MEDICAL EXAMINER
EXAMINER'S NAME (Type)	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE	10
1 BULLIAL 1 - LS 66 TKOSPLCTHILL	CEMETERY LOUSEN, MARYERAD
24. FUNERAL DIRECTOR 1050 YORK DORESS	25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
MALCOOK DROCKS COUSON TOUSON, LEW YOR	Date 11 2 8 1003



MARYLAND STATE DEPARTMENT OF HEALTH

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O DEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may retained for your files.

TO DEPUTY MEDI

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permit, file pages Land & with the State Department remonal, and in unvertex within 72 hours after death. THE FUNE AL HISTORY FOR A SERVICE USED AS A ENTIRE THREE THR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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Onde a Mediove Evvillation	CERTIFICATE OF BEATTI
1. PLACE OF DEATH 8. COUNTY BALT on one MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. STATE Maryland b. COUNTY Ballo
b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	C. CITY OR TOWN (If outsid) corporete limits, write RURAL and give nearest town) Bulumine rural
d. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital, give freet address)	GEOZIU LLA PUE 0. IS RESIDENCE ON A FARM? YES NO K
3. NAME OF DECEASED (Type or print) KATHRYN MARIAM	HUGITS 4. DATE Month Day Year OF DEATH COM 1 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIOOWED DIVORCED	B. OATE OF BIRTH 11-1-9 9. AGE (In years IFUNOER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. yrs.
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUNIZ	11. BIRTHPLACE (State or foreign country) Philadel phia Pa 22. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME PATRICK hypich	annie Couror
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, 100, or unknown) (If yes give war or dates of service)	FITMILY RECORDS
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	olic Cendio Vesculan Desaire INTERVAL BETWEEN ONSET AND OPATH
conditions, if any, which DUE TO Frobable Teremin	Myocardio Defarction)
gave rise to immediate cause (a), stating the DUE TO underlying cause lest.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
B PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of injury in Part I or Pert II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)
21. I certify that ! took charge of the remains described above, he	eld an Autopsy, Inspection 🖂 Inquiry 🔁 , and in my opinion wicide, Undetermined manner
ACTUAL SIGNATURE SIGNATURE	CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
EXAMINER'S JUZHN C. Hyle	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	EMER BAITO NO
C. F. EVANS & SON 8802 HARTORED RO	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

MEDICAL EXAMINER'S CERTIFICATE OF DEATH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pusician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after fleat. executed within 24 hours after death. TO HOSPITAL OR ATTENDING P. (SICIAN: The law requires that the death cartifical Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH		
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If Institution: Residence before admission)	
DAIT 12	a. STATE M b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	
write RURAL and give nearest town)	Date	
CATONSVILLE	DALTIMORE .	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?	
HOUSE IN PINES	416 NOTTINGHAM KD. YES NO X	
3. NAME OF First Middle	Last 4. OATE Month Oay Year	
	CH SIZ, DEATH 4 HIV. 17 1966	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO	8. OATE OF BIRTH 9. AGE (in years IFUNOER1 YEAR IFUNDER 24 HRS. Isst birthday) Months Days Hours Min.	
WIDOWED OIVORCED	11 au 6 -1880 85 yrs.	
10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b, KINO OF BUSINESS OR INDUSTRY	11/BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
13 FATHER'S NAME	14. MOTHER'S MAJOEN NAME	
The and bound to book	14. MOTHER'S MAIOEN NAME	
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address / Address / A	
(Yes, no, or unknown) (Hyes give war or dates of service)	Cellen Ambuch Holl Portuniqueld	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1	INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH	
IMMEDIATE CAUSE (a)	14 acroscerosers	
OUE TO OFFERD TO	a contract	
conditions, if any, which (b) Typerlenewe frustroacteration (b)		
cause (a), stating the OUE TO Carolin	Vascular Diseuse	
underlying cause last. (c)		
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?	
FICA	YES NO 🔀	
20a. ACCIDENT WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bidg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from		
saw the deceased alive on 1966, and that death occurred at 2:00M, from the causes and on the date stated above.		
ATTENOING MEO. STAFF		
M.O. PHYS. DIRECTOR PHYS.		
22c. PHYSICIAN'S NAME (Type)	22d. AODRESS	
HAKKY X. MINIPP, MIP	- 110 Camenason 18th, Ealth, of ma.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c./NAME OF CEMETER	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)	
BURIAL 1/20/66 CATACAK	PAL DAI/INFORE I 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
24. FUNERAL DIRECTOR ADDRESS SOLF-REGION L	0/ 00/ 00/ 00/	
C.S. Mac Mabb	DIATELLA	
21228		

VR AJ5 (4) 20M 1/65

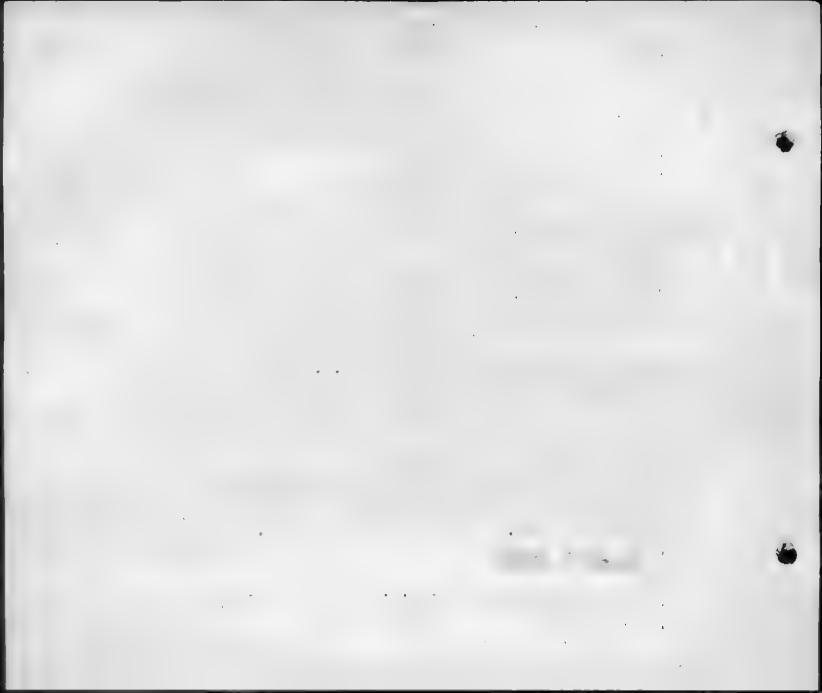


TO HOSPITAL CASE A TITENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after death. Page 4 has be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7-62

MARYLAND STATE DEPARTMENT OF HEALTH		
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND		
00326 CERTIFICAT	re of Death	
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)	
a. COUNTY MARYLAND	o. STATE	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and glva nearest town)	
write RURAL and give nearest town)	Owings Mills 03-1	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS , o. IS RESIDENCE	
17' 16 Daigtenetary Brad	11116 Datetanetown Pond YES NO I	
. NAME OF First Middle	Lasi 4. DATE Month Day Year	
(Type or print) "Topper J. durope	Turan Death Jensent 27, 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.	
	an. 6, 1912 [last burthday] Months Days Hours Min.	
Do. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY; 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
dope during most of working life, even if retired) Civil Engineer Corp of Engine		
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Thomas David Inman	Anna Olive Hoops	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. E.	NFORMANT Address A	
230-26-7790 M	rs. Harry E. Inmen, Owings it is.	
18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH		
PART f. DEATH WAS CAUSED BY: Goronary Occlusion 36 hrs.		
Li 10 j DUE TO		
conditions, if any, which \ (b) Arteriosclerotic C.V. Disease 2-3 yrs.		
gave rise to immediate cause (a), stating the underlying DUE TO		
cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
	YES NO	
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of item 18.)	
(IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State)		
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	March 26, 1952, 10 Jan 27, 19.66 that (1) (we) last	
saw the deceased alive on Jan. 25 19.66, and that	death occurred at 5A.M., from the causes and on the date stated above.	
22a. SIGNATURE	22b, DATE	
Martin E. Strole	D. PHYS DIRECTOR PHYS. 1-28-66	
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
Mame (Type) Martin L. Strobel, M.D. 48 Main St. Reisterstown, Maryland		
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)	
KEWOANT ISSERIAL JAST // ACCITATION	'e of my Sitty (tt. 1, 1 ic	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE CER 9 4000 Milander Model		
A & Lukharoll ("in is	·, . EEB 2 1966 feliances Judge	



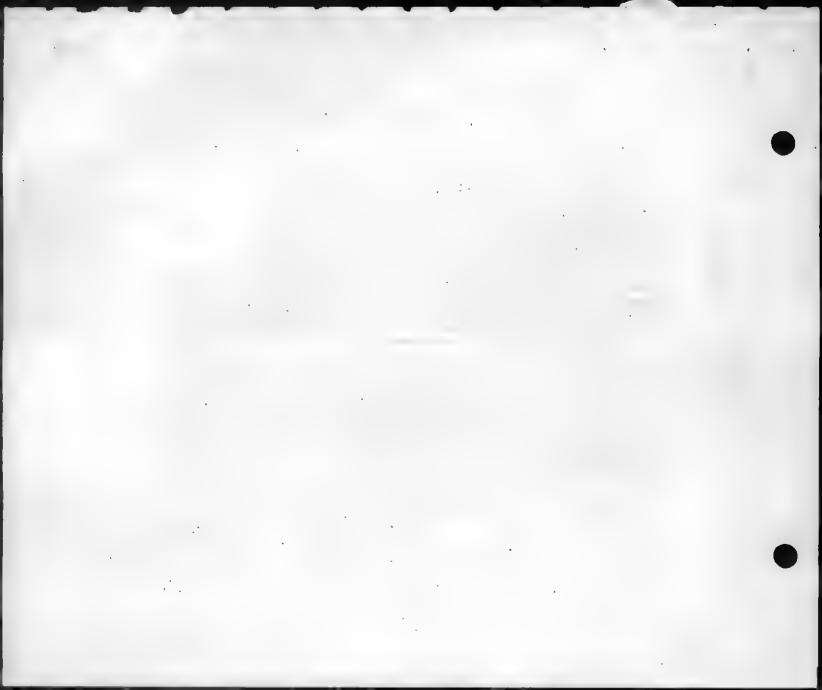
within 24 hours after death.

Page 4 may be retained by the hospital of accepture progress.

To FUNERAL DIRECTOR: After this certificate has been signed by the "Itending hysicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove-carbon papers. Pages 1 and 2 begund be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician. VR ≠ 20 M AI5 (4) M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF ORATH a. COUNTY OR JOWN (If outside corporate limits, write-flux) and outside corporate limits, write-flux or state of the first of the first or state or
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) A
Wilte-Rural and give nearest toyn) d. Name OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) DOLLO GO JEN. HOSP. 3. Name OF DECRASED (Type or print) 5. SEX 6. CDLDR OR RACE 7. MARRIED OIVORCED OIVORC
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Colif C. Go Color
Soute Go Sen Hosp 3 State Selection Second
3. NAME OF DECEASED (Type or print) 5. SEX G. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years FUNDER 14 FAR FUNDER 24 HRS 1 1 1 1 1 1 1 1 1
DECEASED (Type or print) 5. SEX 6. CDLDR OR RAGE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In years if under 1 year if under 24 HR) NAC WIDOWED OIVORCED 3 - 7 - 01 last birthday) Months Days Hours Min. 10a. USUAL DCCUPATION (Give kind of work done 10b. Kind of Business or Industry) 10b. Kind of Business or Industry 11b. Birthplace (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 3. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) PART II. DEATH WAS CAUSED BY: IM
Type or print) OWARD OWAR
S. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min.
WIDOWED OIVORCED 3-7-01 last orthogry Months Days Hours Min. 10a. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR line industry line
10a. USUAL DCCUPATION (Give kind of workdone of the country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11b. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, 10a, ar unknown) (If yes give war or dates of service) 133 - 12 - 786 Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESENCE ON SET AND OBATH
13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, 10., or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 10. NOTHER'S MAIOEN NAME 14. MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address INTERVAL BETWEEN ONSET AND OEATH ONSET AND OEATH
13. FATHER'S NAME SAMUEL Jacobs 14. MOTHER'S MAIOEN NAME Helen Barrett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, 10., 4r unkown) (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRINTERVAL BETWEEN ONSET AND DEATH
SAMUEL Jacobs: 15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas 10. 4r unknown) (If yes give war or dates of service) 133 - 12 - 1864 ff safe for section (13 feet safe safe) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRESSENTATION OF THE PROPERTY ON SET AND OBEATH
15. WAS DECEASED EVER IN U.S. ARMED FORGES? (Yas, 10., or unknown) (If yes give war or dates of service) 133 - 12 - 786 Affront or settles of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND OBATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRINTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRINCIPLE ONSET AND OEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMIMENTAL ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMIMENTAL ONSET AND DEATH
Immediate Gase (a)
Conditions, if eny, which gave rise to immediate cause (a) stating the DUE TO DUE TO Congress fruit feart Factor DUE TO DUE TO DUE TO
gave rise to immediate cause (a), stating the DUE TO
cause (a), stating the DUE TO
Total (a) stating the
underlying cause last. (c) Little Ville Will William Welliams
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUT
YES NO [2
20a, ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
G DR CONTRIBUTING CAUSE DF DEATH GIF EITHER, NOTIFY MEDICAL EXAMINER)
Hour a.m. While Not While factory, street, office bidg., etc.)
≥ p.m. 19 at work □
21. I certify that (I) (this hospital) attended the deceased from 16 c 1 /2 1965, to 1966, that (I) (we) las
saw the deceased alive on 10/1/1 19 6 6, and that death occurred at 2:3 M, from the causes and on the date stated above
22a. SIGNATURE RESCRIPTION MED. ATTENDING MED. ATTENDING MED. STAFF 22b. DATE SIGNED
POLICILIZATION OF CALCULATION M.O. PHYS. OTRECTOR PHYS. PHYS.
22c. PHYSICIAN'S NAME (Type) 22d. ADORESS 1 C. C. T. C. L. L. C. C. T. C. L. C. L. C. C. T. C. L. C. L. C. L. C. L. C. L. C. C. L.
DR. BIEALLAIDE A. (ABLAY Hacle County Len. 165).
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION, (City, town or county) (State)
Bismal (specify) 1-4-1966 Pitt flegesent - Commeny Hamberlarise Co. Med
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Foring Byer 8 728 Leberty Ri Bandal Son and N 5 1966 Jalianles Judge
Holling Here 0 108 Levely Ko your allowed DATEN 5 1966 1 haves Judge



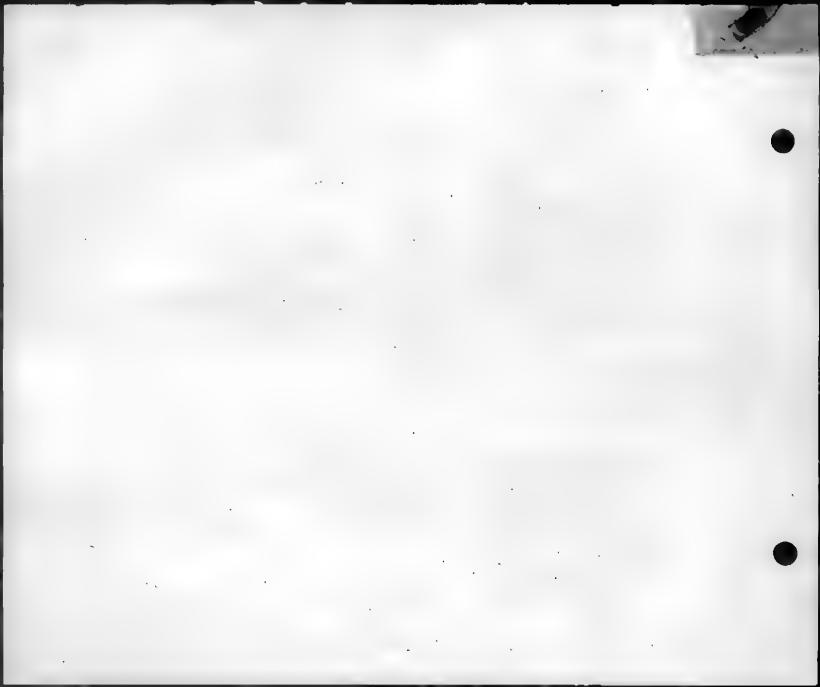
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00323	3		CERTIFI	CATE	OF DEAT	Н		1	10321
1,	PLACE OF DEAT	H		-	1					ence before admission)
	BALTINO	RF		MARYL	AND	a. STATEVLA	ND	b. COUNT	IY ,	
	b. CITY OR TOW	N (if outside corpora and give nearest tov STOWN	te limits, (n)	c. LENGTH OF STAY		c. CITY OR TOWN (I	if outside corp	orate limits, wri	te RURAL and	give nearest town)
-		SPITAL OR INSTITUTION	*		idress)	d. STREET ADDRESS				6. IS RESIDENCE ON A FARM?
_		RE COUNTY (g.o.,	3912 S	OUTHERN		RIVE	YES NO
3.	(Type or print)	_ AN	N/A	Rose	JA	COBSON	4. DATE DF DEATH	Month /-	ā	79 1966
	SEX FEMALE	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED		. DATE OF BIRTH	9.	last birthday)	Months Day	EAR IF UNDER 24 HRS. ys Hours Min.
<u> </u>		TION (Give kind of work		IND OF BUSINESS OR		I II. BIRTHPLACE (County & State	69 yrs.	l 12. CITIZ	EN OF WHAT
du	HOUSEW	ling life, even if retire VIFE	d) II	AT HOME		RIGA, LIT	HUANTA		COUN	W.S.A
13	3. FATHER'S NAV	DANIEL JAC	OBSON			14. MOTHER'S MAI		?		
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	INFORMÁNT		Addres	S	CROSS
l`'	NO	(11 yeagire was or sates)	ii service)	NO	MR.	. SAMUEL DA	VID JAC	COBSON 39	12 SOU	ITHERN DR
=	18. CAUSE OF	DEATH (Enter only or	e cause per II	ne for (a), (b), and (c)).]					NTERVAL BETWEEN
	PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) A.	ute (meso	-e-ei	rdeal in	-Karex	200		241/101
	420			A						
	Conditions, If	any, which	(b) +16	ASC VI)						
	gave rise to cause (a), s		TO							
	underlying caus		(c)							
CERTIFICATION	PART II. OTHER:	SIGNIFICANTCONDITI		TING TO DEATH BUTN	OTRELAT	elluta	DISEASE CON	DITION GIVEN IN F	ART1(a)	19. WAS AUTOPSY PERFORMED?
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING TING CAUSE OF DEATH	TH NER)	ESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	of injury in Pa	rt I or Part II of	Item 18.)	7
MEDICAL	20c. TIME OF Hour a.i	INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 2	0e. PLAC	E OF INJURY (Home, by, street, officebldg.,	farm, 20f. (etc.)	City or town)	(County) (State)
ME		m. 19	at work	Not While at work				1		
		fy that (I) (this hos					1967, to	Jun 29	,	that (I) (we) last
1	saw the de	ceased alive on		19 Ub , a	nd that	death occurred at,	2 P. M. 150	m the causes a		date stated above.
	100	muel !	2aka	0	M.D.		MED. DIRECTOR	STAFF PHYS.	1.29	66
	22c. PHYSICIA NAME (T		BAKAL			3600 L	of Her	JRN DX	BA	eto, 7
23	a. BURIAL, CREM REMOVAL (SD	MATION, 23b. DATE	THEREOF	BETH TET		OR CREMATORY	23d. LO BA	CATION CITY to	WARYLY	(State)
	4. FUNERAL DIRI SOL LEVIN		, INC.	ADDRESS 6010 REISTE	ERST	F-1	ECID BY REGIS	1966 RE	1.2	IGNATURE

VR AIS (4) 20M 1/65



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- 1		1111323	00000
ı	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission.
		a. COUNTY	a. STATE / b. COUNTY
		DITTL/U MARYLAND	VA
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	1	-ATONSVILLE	BATE CITY
П	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
ı	-		ON A FARM?
	5	05 HEADEMIT Rd	YES NO
	3.	NAME OF First Middle	Last 4. DATE Month Day Year
		DECEASED / D D / T	0F /////
-1	_	(Type or print) FT DP IE VIRGINIA VI	4 PNE DEATH ///66 19
	Э.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. OATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HR: 1
П	•	T WIDOWED TO DIVORCED	2/9/84 Past Birthday) Months Days Hours Min.
	10a	B. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIATHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
	duri	Ing most of working life, even if retired) INDUSTRY	COUNTRY?
		DOM. MOUSEWIFE	VA.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	-	DETER KING	ADDIE HICKAM
	15	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
		es, no, or unkown) (If yes give war or dates of service)	THE DAMPACE .
		MA	S. GERALDINE KURAPKA
		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	- 1	PART I. DEATH WAS CAUSED BY:	re heart failure onset AND GEATH
		IMMEDIATE CAUSE (a)	or running sweets
		DUE TO A-'()	4 11/1
		Conditions, If any, which (b) (httrostero	ote CVD
		gave rise to Immediate	
		cass (a), stating the	
	z	underlying cause last. (c)	AND ALTOPAL LIA HAD ALTOPAL
	음	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	CA		YES NO X
. 4	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED, (Enter nature of injury in Part I or Part II of Item 18.)
	5	DR CONTRIBUTING TI CAUSE OF DEATH	\\
	2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	2	I feele	ice of injury (Home, farm, 20f. (City or town) (County) (State) by, street, office bidg., etc.)
	MEDICAL	Walls Not wate	17, 3tt eet, Onice and S., etc.)
	Σ		12/20 1065 to 1// 1066 that (1) Avail las
		21. I certify that (I) (this hospital) attended the deceased from	, 19 10 11 11 11 We las
		saw the deceased alive on $\frac{12/31}{196}$, and that	t death occurred at // // M, from the causes and on the date stated above
		22a. SIGNATURE	22b. DATE SIGNED
		Herbert & Newsoland M.O.	ATTENDING MED. STAFF PHYS.
		22c. PHYSICIAN'S	22d. ADDRESS /
1	l i	NAME (Type) Herbert V. Levicka	1 /5777 /4 / / /4 / / / / / / / / / / / / /
]	7, 1, 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
	1	REMOVAL (Specify) 1/5/66 HOLSTON L	VIEW VEATE CITY VA.
	24.	FINERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1-	- / MANGELABO SUI PREDERICE R	101 1 1
1	-	S. IVIACNAISM DINDA	DATE AN 4 1958 When younge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Should within 24 hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution; Residence before admission) e. COUNTY **b.** COUNTY 1 2 T Baltimore Maryland Washington and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town! .5 Owings Mills Smithsburg hours after yrs Pages filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Route #2 Rosewood State Hospital YES NO A completely papers. 3. NAME OF Middle 4. DATE 2 Month DECEASED OF (Type or pr ni) LEE ONES BORAH DEATH 1966 C carbon withi 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and last birthday) Months Days WIDOWED [DIVORCED 10a. USUAL OCCUPATION [Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! please remove done during most of working life, even if retired) Smithsburg, Maryland none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death attending and Lee Roy Jones Peggy Lou Tarman Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (ffyes give war or dates of service) Rosewood Records Owings Mills, Maryland none permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] physician. INTERVAL BETWEEN signed by ONSET AND DEATH 5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation. burial-transit DUE TO aftending Conditions, il any, which peen [6] gave rise to immediate cause DUE TO (a), stating the underlying has cause fest. the PHYSICIAN: the hospital or After this certificate PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4), 19, WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? PILEPSY NO use prior 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ched for I OR CONTRIBUTING [] CAUSE OF DEATH DIRECTOR: Affer may be defected f ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While ō at work at work State Dept. 21. I certify that (I) (this hospital) attended the deceased from. 12/1819.66..., and that death occurred at 7 ... PM, from the causes and on the date stated above. saw the deceased alive on. OR 22b. DATE 22a SIGNATURE 2/66 SIGNED page 3 s with the ATTENDING PHYS. DIRECTOR HOSPITAL M.D. FUNERAL Page 22c. PHYSICIAN'S 22d. ADDRESS Rosewood NAME (Type) Harvey M. Solomon. director, a 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Br. Reen 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25Ь. REGISTRAR'S SIGNATURE VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

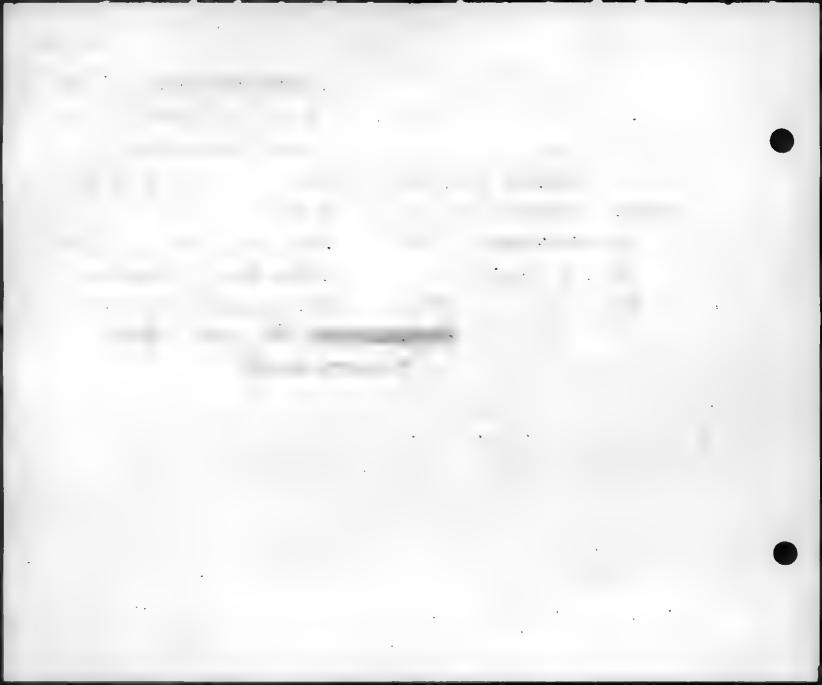
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FOR STATE		00332 MED	ICAL EXAMINER'S	CERTIFICATE OF	DEATH	()	111725
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del 13.		write RURAL and give nearest town)		Baltimor		e gire is a	, , , , , , , , , , , , , , , , , , , ,
P. P.	-	Baitimore Towson	1	11		6. 1	. If her bence
T E Der		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d STREET ADDRESS			e IS RES DENCE ON A FARMS.
्र के के हुए । इस के कि हुए ।		St. Joseph's Hospital		8425 D. Old	i Harford Rd.	•	YES NO
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retrificate should be executed writing the word "pending" or warded to the Chief Medical used as a burial-transit permit.		DUE TO	1 - 1	- 16/	0/	10 /	12 1
sho w s w s urn		Conditions, if ony, which gove (b)	107 976	ally	cuffee	accept.	Tores
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fica ing dec os os		as [‡]					
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	AT ON					y)	PERFORMED? ES NO
± 5 5 = 1	CERTIFICAT	200 EXTERNAL CAUSE WAS 20b DI	SCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	et or Port II of item 18)		
NER: Ti certifice hould be lles should I		PRIMARY □ or CONTRIBUTING □ CAUSE OF DEATH					
A1 EXAMINER: Secure the cert r. Page 4 shoul for your files OR: Page 3 shou noted agent, pr	MEDICAL		N.URY OCCURRED 20e PLAI	CE OF INJURY (Home, form,	20f (City or town)	(County)	(Stote)
AMINE of the control	AN OFFI	Hour o.m. While	Not While fact	tory, street, office bldg , etc)			, ,
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lebral Extraction of the control of		death resulted from Natural causes					in my opinio
		dedit lescried non Marural (doses 1	Accident . Suic	ide, Homicide [nanner [_]	
MEDIC please e director etoined DIRECT Is design		ACTUAL ACTUAL	- Carret	SHIEF MEDICAL EX		2	22. DATE SIGNED
		SIGNATURE EMPLOYEE	Co harre	ASS STANT MEDICA	and the same of th		THE SALE STORIES
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o DEPUTY, necessory, the funerol 5 moy be 0 FUNERAL Health or i	27,	BURIAL, CREMATION. 236 DATE THEREOF	23c NAME OF CEMETERY OR		23d LOCATION (City or To	(County) (State)
5 g t 2 5 g t ,	230	REMOVAL (Specify)	1011		0	4. 1	9
v.	27	Burial 2/5/66	Waklawn (em	retery DECOR	Baltimore.	Marylan REGISTRARS SIGNATUR	ECL
VR ATSME (5)	1 2		305 Hartord	Rd. EER 2	BY REGISTRAR 25b P	care in the	dar
6M 1/66	1	CUITALLE TO MALITY TILLS	Jo J Hack orta	OATE D	1000 [//	1	1



executed within 24 hours after death, TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be flied with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be/ Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STA		YLAND STATE D		HEALTH N STREET, BALTIMOI	RE 1. MARYLAND
- 0	00333		CERTIFICA	TE OF DEATH		00326
a. C0	DE DF DEATH Stee a DUNTY To alterio ITY OR TOWN (if outside THE RURAL and give ne	corporate limits.	MARYLAND C. KENGTH OF STAY IN 11	A B. STATE	b. COUN	itution: Residence before admission) TY te RURAL and give nearest town)
	AME OF HOSPITAL OR IN	STITUTION (If not in h	ospital, give street/addres	d. STREET ADDRESS	everton a	6. IS RESIDENCE ON A FARM? YES ND
5. SEX	E OF EASED 6 or print) GEO 6. COLOR C AL OCCUPATION (GIVE kin	PACE 7. MARRIED	Lip Lip	Last JURS, 8. DATE OF BIRTH 8-4-49 11. BIRTHPLACE (CC	4. DATE Month DF DEATH 9. AGF (In years last birthday) Wyrs. sunty & State, or fereign country	
during m	iost of working li <u>fe,</u> eyer	If retired)	NDUSTRY	K-H.	are md.	COUNTRY?
15. WAS (Yes, no,	DECEASED EVER IN U.S. / pr unkown) (If yes give wa	REMED FORCES? 16.	SOCIAL SECURITYNO. 17	Harris :	Addression She	line.
Cond gave caus	ditions, if any, which is rise to immediate is (a), stating the		line for (a), (b), and (c).	mmi (piratory fa	INTERVAL BETWEEN ONSET AND DEATH
PAR1	orlying cause last. TILOTHER SIGNIFICANT """ ACCIDENT WAS UNDER CONTRIBUTING CAUSI EITHER, NOTIFY MEDICA	VINCTI LOOK	trophy		DISEASE CONDITION GIVEN IN F	YES NO X
MEDICAL 20c	TIME DF INJURY Mon Hour a.m. p.m.		NJURY OCCURRED 20e. P	LACE OF INJURY (Home, fa tory, street, office bldg., e	rm, 20f. (City or town)	(County) (State)
S	aw the deceased alive		1 .	ATTENDING -	MED. STAFF PHYS. STAFF	nd on the date stated above. DATE SIGNED MAC
B	RIAL CREMATION, 23b MDVAL (Specify) URIAL NERAL DIRECTOR	- 7-66.	23c. NAME OF CEMETE	WN CEM.	23d. LOCATION (City, to 7225EASTERN CID BY REGISTRAR 25b. RE	
leher	en Si Juler	901 S.CON	UKLING ST.	DATE \	R 1	mil Judge

VR A15 (4) 20M 1/65



24 hours after death.

be executed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending existion and completely filled in by the funeral director, page 3 should be detached for use as the burial-tramsit mermit. Them plems remove marbon pages. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Teath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1 MADVIAND
		IE I, MARTLAND
00334	CERTIFICATE OF DEATH	1111127
PLACE OF DEATH	11 2 USUAL RESIDENCE (Where deceased lived it insti	itution: Residence before admir

		<i>I</i>	OERTH TOAT	L OI DEATH		() 11	C W 4
	PLACE OF DEAT	ALT IMORE	MARYLAND	2. USUAL RESIDENCE a. STATE MARY	CE (Where deceased lived, It b. CC	institution: Residence bounty BALTIMO	
	b. CITY OR TOY	VN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits,	write RURAL and give	nearest town)
	Write RURAL	and give nearest town)		BALTIMORE		0. 1	
		SPITAL OR INSTITUTION (if not in i	pospital, give street address)	d. STREET ADDRESS			IS RESIDENCE
ħ			1229		EE VILLAGE	21229 YE	ON A FARM?
	3. NAME OF	First	Middle	Last		onth Day	Year
	DECEASED (Type or print)	HERMAN	KA	ISER	OF DEATH JANUA		1966
	5. SEX	6. COLOR OR RACE 7. MARRIED	XX NEVER MARRIED []	B. DATE OF BIRTH	9. AGE (In yea last birthda	rs IF UNDER 1 YEAR IF	
	MALE	WHOTE WIDOWED		APRIL 30, 18	394 71 yrs.		Hours Min.
	10a. USUAL OCCUPA	TION (Give kind of work done 10b. i ling life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Co	ounty & State, or foreign cour	ntry) 12. CITIZEN OF COUNTRY?	F WHAT
	MUTUAL S	SUPERVISOR STAT	FE RACING COMM.	MARYLAND		U.S.A	
	13. FATHER'S NAM			14. MOTHER'S MAID	EN NAME	U ₂ U ₂ Z	
		WILLIAM	P WATERD	BOCA W OI	DANTE T		
	15. WAS DECEASED		E. KAISER	ROSA M. CI		iress	
	(Yes, no, or unkown)	(If yes give war or dates of service)					
	NO			S. WANDA M.	KAISER, 127		
		DEATH (Enter only one cause per	line for (a), (b), and (c).]			ONSET	AL BETWEEN TAND DEATH
	PART I. D	EATH WAS CAUSED BY: Ca	rcinoma of Pr	ostate with	Metastasis	1960	1966_
	1777	DUE TO					
	Conditions, If	any, which } (b) Co	oronary Occlus	ion & Coro	nary Insuffic	iency 5 Y	ears
	gave rise to	Immediate (
	cause (a), s underlying cau	dering are	rteriosclerotic	Cardiovaso	ular Disease	e 10	Years_
		SIGNIFICANT CONDITIONS CONTRIB				IN PART 1(a) 19. V	WAS AUTOPSY
	TATI						PERFORMED?
-	200 ACCIDENT	WAS UNDERLYING 1 20b.	DESCRIBE HOW INJURY OCCU	IDDED /Enter nature of	Indiana In Doub Lor Dark I	YES	NO X
	PART II. OTHER PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	ING TO CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	DESCRIBE NOW INDUST OCCU	WKED" (Furet using of	injury in Part I of Part I	i or item 18.)	
	징 20c. TIME OF	INJURY Month, Day, Year 20d.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City or town)	(County)	(State)
	20c. TIME OF Hour a.	Tritilo	H TOT WITHE	ry, street, office bldg., et	(C.)		
		m. 19 at wor			60 . Jan I	7 10 66 11	
	21. I certi	fy that (1) (this hospital) attend ceased alive on Jan. 17	1966 , and that	13	60 to Jan. 1	19 00, that	t (1) (We) tast
	22a, SIGNATU		1900, and that		TOM THE Cause	es and on the date :	
ı	220. 31811710		/ /		MED STAFF _		ILU
1	22c. PHYSICI	ANIC IV. STORE KILL	LEAL M.D	22d. ADDRESS	DIRECTOR L PHYS. L	1-21-66	
	NAME (T		WNSHEND		E. EAGER ST	REET	
	23a. BURIAL, CREM	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	, town or county)	(State)
	BURLAS	ecify) 1/24/66	IVY HILL CEME	rery	LAUREL	MARYLAND	
	24. FUNERAL DIR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS		'D BY REGISTRAR 25b.		TURE
1	HUBBARD FIL	NERAL HOME, 4107	WILKENS WAR OF	1220 1431	2.5 1966 3	George Just	2
Q		1122411 1101111, 410/	WILLIAMO AVE. Z.	1229 QATE	40 1355 4	respectly years	11.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, 11 institution: Residence before admission) a. COUNTY by the fundamental Pages 1 urs after 1 b. COUNTY MARYTAND BALTIMORE MARYLAND. b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours DAYS BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 814 ST PAUL STREET VETERANS ADMINISTRATION HOSPITAL and completely fremove carbon programmer event, within YES 🗍 NO X 3. NAME DE First Middle Last DATE Month Dav Year DECEASED (Type or print) MALLITW KEEFE JANUARY 19 66 DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. AUGUST 21. 1895 WIDOWED [DIVORCED! physician and my and my 10a, USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY HOTEL KINSTON, NEW YORK <u>HOTEL MANAGER</u> U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then remova PATRICK KEEFE KATHERINE RUDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES WW 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PULMONARY EDEMA RECENT burial, XIIIMEXEC LOBAR PNEUMONIA, BILATERAL Conditions, If any, which RECENT (b) rise to immediate the To XXXVEXTR cause (a), stating the prior **HEPATOMA** UNKNOWN underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? HEART DISEASE, OLD ARTERIOSCLEROTIC YES X NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this cert ъ Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) State factory, street, office bldg., etc. Hour a.m. While Not While at work DIRECTOR: Al age 3 should led with the S 21. I certify that (IX (this hospital) attended the deceased from M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED filed ATTENDING PHYS. STAFF DIRECTOR PHYS. 22c. PHYSICIAN'S director, p should be 1 22d. ADDRESS NAME (Type) VEDANTHAM SRINIVASAN, M. D. HOWARD, MARYLAND VAH FORT BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Zannino Funeral Home Conkling St

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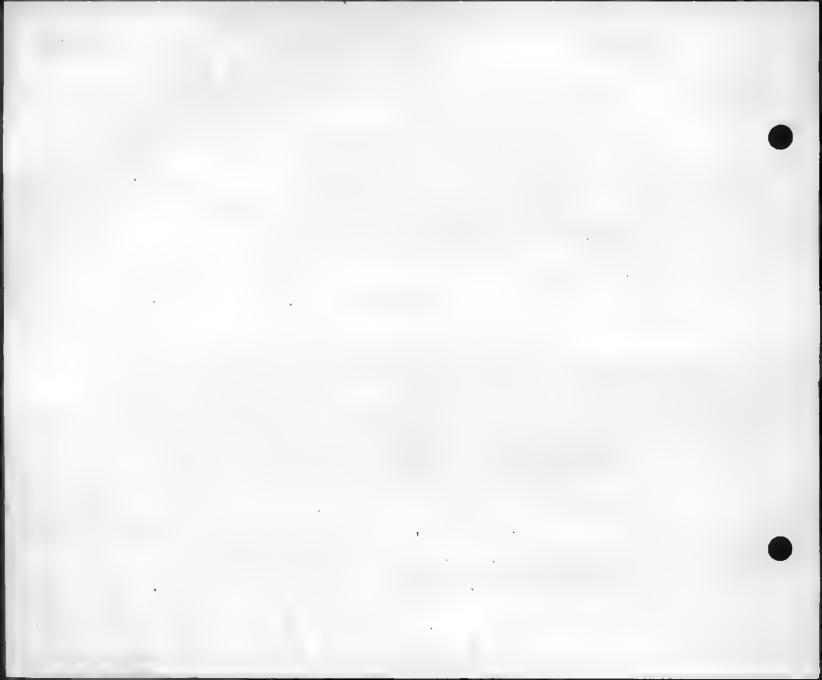


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. and 2 death PLACE OF DEATH 1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Baltimore lease remove carbon papers. Pages 1 and in any event, within 72 hours after Marvland Baltimore **MARYLAND** b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Galen Arm fiffed in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Long Green Pike, Box 10 Long Green Pike Box 10 NO P executed, within and sompletely 3. NAME OF Month First Middle Last DATE Day Year DECEASED OF DEATH 25 T. KELLY **JOHN** Jan. 66 (Type or print) 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours W Dec. 27. 1887 MIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r INDUSTRY COUNTRY? Products Hoppers Metal Maryland death certificate removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Cunningham Thomas Kelly 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. certificate has been signed by the attended for use as the burial-transit permit.

t. of Health prior to burial, cremation, or r (Yes, no, or unkown) | (If yes give war or dates of service) Emily Kelly 216-1038-10 same סמ INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] requires that the DEATH WAS CAUSED BY: Leston hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating the underlying cause last. (c) CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO F PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) this certifidetached for Dept. of 1 MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) should be der factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work be retained 21. In that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR: RM, from the causes and on the date stated above. and that death occurred about saw the deceased alive on SIGNATURE DATE SIGNED page : STAFF PHYS. ATTENDING PHYS. MED. DIRECTOR 4 may 22c 22d. ADDRESS director, p Clifford F. Hudson Fork Mi. 23a. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 CMd. 29-1966 John's Long Green Balto burial Green Long FUNERAL DIRECTOR REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 25b. Charles F. Evans & Son 8802 Harford RdDATEFE VR A15 (4)

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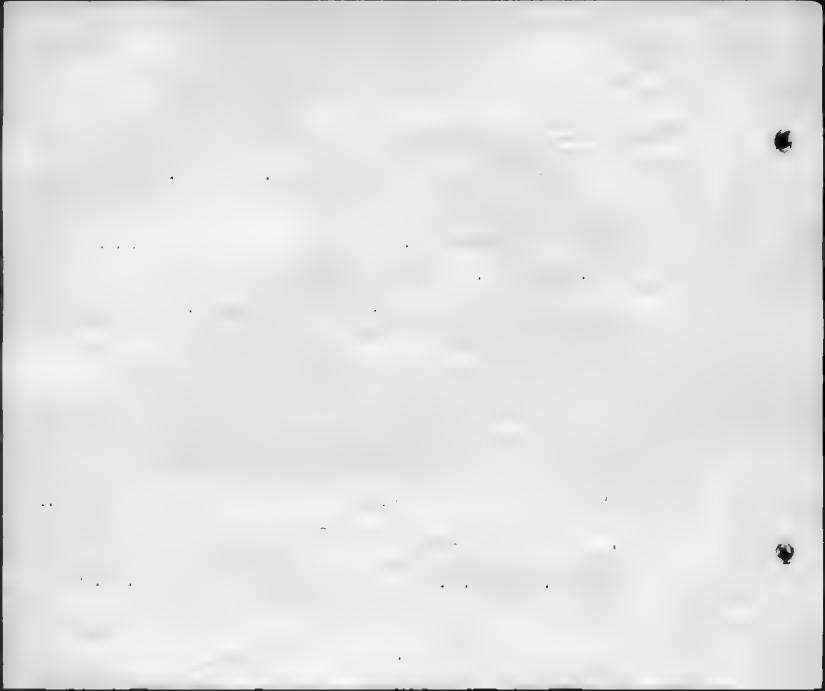
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. I institution; Residence before admiss on e. COUNTY **b.** COUNTY Baltimore Marvland MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give necrest town) write RURAL and give nearest town) Baltimore City Baltimore d NAME OF HOSPITAL OR INSTITUTION ('I not in hospital, give street eddress) d. STREET ADDRESS . IS RES DENCE Baltimore Beltway at Arondale underpass ON A FARM? 3627 Coolidge Avenue retained te State B YES NO X (Site of aggident) 3. NAME OF DATE Manth Yaar DECEASED the Walter Kennedy 3rd. (Type or print) Leo DEATH Jan. 19 with 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED XX B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 2 will 211 vm Months and Male White 4/30/41 WIDOWED [DIVORCED [10a. USJAL OCCUPATION (Give kind of work 10b. K ND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or lore gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) WAREHOUSEMAN CALVERT DIST. MARYLAND U.S.A. paged PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WALTER L. KENNEDY, JR. LILLIAN GOULDIN File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give we rardetes of service) YES MR. WALTER L. KENNEDY, JR. 3627 Coblidge Avenue 18. CAUSE OF DEATH [Inter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH Multiple Injuries PART I. DEATH WAS CAUSED BY: in pencil i Office alor burial-trans IMMEDIATE CAUSE (0) DUE TO loval, Conditions, if eny, which geva rise to immediate cause rū DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19, WAS AUTORSY PERFORMED? ould be cremat NO F 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Pert I of Item 18 I Ran off Baltimore Beltway with automobile the Chief A the Chief A R: Page 3 sl Month, Day Y at | 20d. INJURY OCC JRREQ 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Not While factory, street office bldg , etc.) et work O.R. P 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Formarded to death resulted from: Natural causes Accident T Undetermined manner Suic'de nor licide CHIEF MEDICAL EXAMINER [shauld be formed FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAM NER & DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Werner U. Spitz, M. D. 22. 1966 Jan. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 228, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION City, town, or country) (State) BURIAL Specify 1/25/66 NEW CATHEDRAL CEMETERY 40 0 MARYLAND 23. FUNERAL DIRECTOR 240 REC'D BY REGISTRAR | 24b. REGISTRAR S S GNATURE ADDRESS

TUBBARD FUNKRAL HOME, 4107 WILKENS AVE. 21229

VS. AISME 5M 9 60

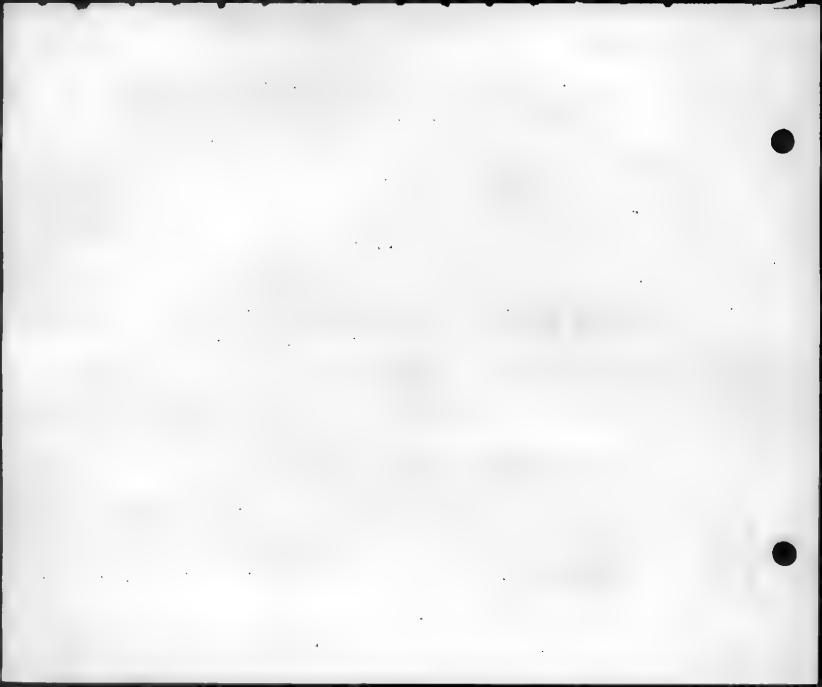


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death mertificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARYLAND ST	rate dep <i>i</i>	ARTME	NT OF I	IEALTH		
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W. F	PRESTON	STREET,	BALTIMORE 1	MARYLAND
08338		CERT	IFICATE	OF D	PEATH			0.023

. 00000		OBICTIC TOXY	- OI DEA					
I. PLACE DE DEATH			2. USUAL RESID	ENCE (Wh	era deceased N	lved, If institution:	Residence before	admission)
a. COUNTY Baltimore			Malata	nd		b. COUNTY		
b. CITY OR TOWN (if outside corp	annin Harita	MARYLAND	1			Eili	inore	and Annual
write RURAL and give nearest	town)	c. LENGTH OF STAY IN 15	Baltime		21204	limits, write RURA	T and dive usa	est town)
Towson		?			ベエベリヤ	03	-/	
d. NAME OF HOSPITAL OR INSTITU	JIION (II not in hos	spital, give street address)	d. STREET ADDRE	ESS			a. IS R	ESIDENCE L FARM?
	ph Hospit	al	815 Fair	rway I	rive		YES	NO 🔲
3. NAME DF DECEASED	First	Middle	Last	_1 _	DATE OF	Month		ear
(Type or print)	Thomas	William	Keown		EATH	January	23	66
5. SEX 6. COLOR OR RA	CE 7. MARRIED	* NEVER MARRIED	8. DATE OF BIRTH		9. AGE	in years IFUNDE		
male white	WIDOWED	DIVORCED	9-19-1902		63	oirthday) Months	Days Hou	s Min.
10a. USUAL OCCUPATION (Give kind of w	ork done 10b. Kin	ND OF BUSINESS OR CANADA	11. BIRTHPLACE	(County &	State, or fore		CITIZEN OF WH	AT
during most of working life, even if re		Life Ins. of	3.2.1	timor	a	,	TATINOUS	
13. FATHER'S NAME	1 Sun	TITA THE OT	1 14. MOTHER'S N			1		
	1.00WN		Edith	HALL	ivings	ston		
15. WAS DECEASED EVER IN U.S. ARMEI (Yes, no, or unkown) (If yes give war or da	D FORCES? 16. \$ tes of service)	OCIAL SECURITY NO. 17.	INFORMANT		0	Address		
no	259	9-09-2545 Fr	s. leanor	Те	oan, wi	ide-815 .	air y	P
18. CAUSE DF DEATH [Enter only	y one cause per iln						INTERVAL 8	ETWEEN
PART I. DEATH WAS CAUSED	BY: Mx	yocardial Inf	arction A	oute ?	Vaccius	9	ONSET ANI	DEATH
IMMEDIATE CAL		700034242 212	A COLONIA	cace i	ARDOTA (J	-	
	OUE TO							
Conditions, If any, which gave rise to immediate	(b)							
cause (a), stating the	DUE TO							
underlying cause last.	(c).							_
PART II. OTHER SIGNIFICANT COND		ING TO DEATH BUT NOT REL	ATED TO THE TERMIN	AL DISEAS	E CONDITION	GIVEN IN PART 1(a) 19. WAS	AUTOPSY
TAS							YES T	NO X
20a ACCIDENT WAS LINDERLYING	20b, DI	ESCRIBE HOW INJURY OCC	IIDDEN /Enter natur	a of Injury	in Part I or	Part II of Item 1:		110 53
PART II. OTHER SIGNIFICANT COND 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF I	DEATH AMINER)	LOOKIDE HOW MOOK! BOO	OKALD. (LIILEI HOLDI	o or mjary	III Falt I VI	Tail to or teem 2	0.,	
		JURY OCCURRED 120e, PL	ACE OF INJURY (Hom	e, farm, 1	20f. (City or	r town) (Co	unty)	(State)
2Dc. TIME OF INJURY Month, D Hour a.m. p.m.	While	fact	ory, strest, office bld	g., etc.)		(0.00	,	
	19 at work					23		
21. I certify that (I) (this h	iospital) attende	d the deceased from La	nuary 23	, 19 66			_66 that (I)	
saw the deceased alive on.	Jamuary 1	<u>23 19 65</u> and tha	it death occurred	at 5.20	M. From the	causes and on	the date state	ed above.
226. SIGNATURE							DATE SIGNED	
1 Manuel	A. / Jen	ugon M.	D. PHYS.	MED. DIRECT		AFF X Ja	nuary 2	3 1966
22c. PHYSICIAN'S	1	1	22d ADDRESS	S			- M	-
NAME (Type) Manue	l A. Gon	gon	7620 Y	ork R	d, Bal	timore, M	d. 21204	+
23a. BURIAL, CREMATION, 23b. DA	TE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	1 230	d. LOCATIO	N (City, town or c	ounty)	(State)
REMOVAL (Specify)								,
C CONTACTON 1-2	6-66	ADDRESS	l 25a.	DECID DY	REGISTRAR	25b. REGISTRAL	PIÈ SIGNATURE	
		***************************************	,			200, REGISTRA	, SIGNATURE	
frant ' .'owen	o 10:	orth-v (2	1201) Dett	N 25	1966	Feldment.	La Decate	

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detailed for use as the burial-transit permit. Them please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be-executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hosp.tal or attending physician.

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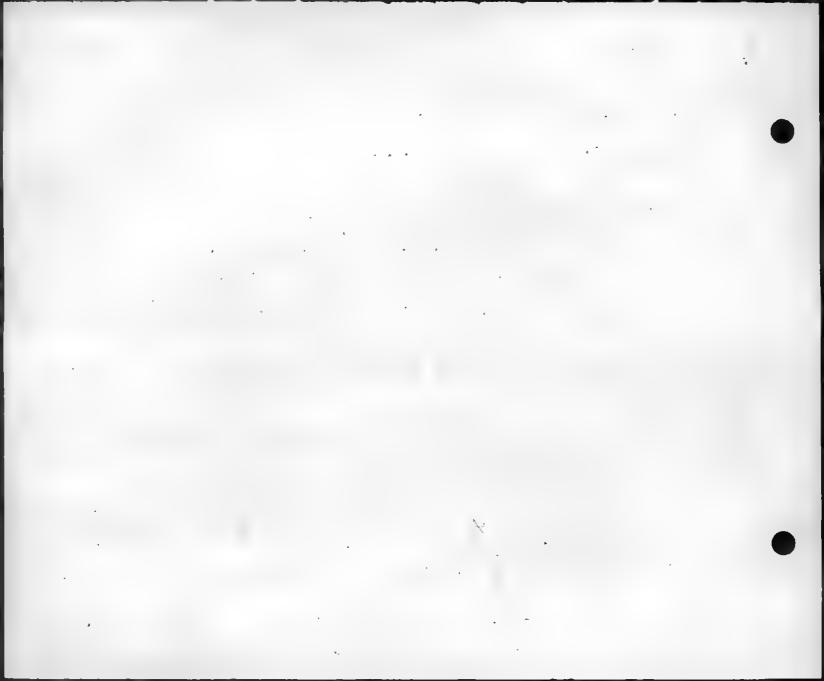
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	131111111111			CERTIFIC	AH	E OF D	LAIH			- {	H13.	33	
1.	PLACE OF DEATH					2. USUAL R	ESIDENC	E (Where de	ceased lived, If in	stitution:	Residence	before ac	lmission)
	a. CDUNTY	Baltimore				a. STATE	E	Mr. n	b. cou				
	h CITY NO TOW		7A. 1 - 1	MARYLA			-A14411 -44	Md.			altir		******
	write RURAL	N (if outside corporate lim and give nearest town)	its, c. i	LENGTH OF STAY II	N IP	c. CITY OR 1	IOMN (II	outside co	rporate limits, w	rite RURA	L and giv	e neares	it town)
		Fall	-	Life		Tows	on					24. 53	1
	d. NAME OF HOS	PITAL OR INSTITUTION (IF	not in hospit	al, give street add	ress)	d. STREET A					6	. IS RES	
	C) t	T 11 Y		-				_				DNAI	
		. Joseph's Ho	spital	D.O.A.			Hine	s Road					NO 🛛
3.	NAME DF DECEASED	First		Middle		Last		4. DATE	Mon	th	Oay	Yes	
	(Type or print)	Louis		Α.		King	.	DEAT	н Т		5	196	06
5.	SEX			NEVER MARRIEO	7 8	DATE OF B		9	AGE (In years	IFUNDE	R1 YEAR		
1	Male	110 1	OOWED [二	30 C 3	000		last birthday)	Months	Days	Hours	Min.
			10h KIND F	DIVORCED	_11_	10-5-1		make B DA-A	63 68s.	1 10 (TITIZENI	OF WHAT	
dui	ing most of worki	IDN (Give kind of work done ng life, even if retired)	INDUS	OF BUSINESS DR	dg.	II. BIKI HP	LAUE (CO	unty & Stati	, or foreign countr	y) 12. (OUNTRY	OF WHAT	
	Custod	ian	Balto			D = -	imore	e Co.	Md.		IT S	3	
13	FATHER'S NAM	E			المجاني إستاجيك	14. MDTHE	R'S MAID	EN NAME	INI.		- Buthali	* 8	
		Phillip E.	King				Man	an A	Cd man				
15	WAS DECEASED F	VER IN U.S. ARMED FORCES		ALSECURITY NO.	17	INFORMANT	1401	ca A.	Addre	lee .			
ίΫ́	S, no, er unkown)	(If yes give war or dates of servi	ce)		17.	INFURMANT			Addis	22			
	No		218	-18-9865	Mr.	s Louis	e E.	King	9131 Him	es Ro	ad .		
	18. CAUSE OF	DEATH (Enter only one caus	se per ling fo	or (a), (b), and (c).							INTÉ	RVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY:	nother	w sclero	Lu	Carli	مان اس	ou la	Diseas	-	ONS	ET AND I	DEATH
П	11 1	IMMEDIATE CAUSE (a) _	PT (CO-02-04	002			_	_		
	71	OUE TO	11	Cown		Cen O.	7)				det	-
	Cenditions, If		en ru) cour	ary	المكافل	<u> </u>	200ca			aun		
	gave rise to cause (a), st	ALC: TO					W.						
	underlying caus	OCINE CITO											
20		IGNIFICANT CONDITIONS CI	ONTRIBUTING	TO OFATH BUT NO	FRELA	TEO TO THE TEI	RMINAL D	ISFASE CO!	IDITION GIVEN IN	PART 1(a	1 119.	WAS AL	
CERTIFICATION								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			PERFOR	
FIG											YE	s [NO K
Ē		WAS UNDERLYING D NG CAUSE DF DEATH	20b. DESCI	RIBE HOW INJURY	occu	RREO. (Enter 1	nature of	Injury In F	art I or Part II	of Item 1	8.)		
CE	(IF EITHER, NDT	IFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME DF I	NJURY Month, Day, Year	20d. INJUR	Y DCCURRED 200		CE DE INJURY			(City or town)	(CI	ounty)	(5	State)
lă	Hour a.n	1.	While	Not While	factor	ry, street, offic	e bidg., et	tc.)					
Z	р.п		at work	at work				- 1/			, ,		
	21. I certif	y that (1) (this hospital)	attended th	he deceased from	TI(-28-	, 15	33 to	1- 1	, 19_	<u>ہے کہ</u> , th	at (I) (v	ve) last
	saw the dec	eased_alive/pn/_	4	19 <u> </u>	that	death occur	red at 1.	n_M, fi	om the causes	and on	the date	e stated	above.
	22a. SIGNATUR	E hal a	111.					7		22b.	OATE SIG	SNED	
		Allen C.	PY /U	_	M.O	ATTENOING PHYS.		MEO. DIRECTOR	STAFF PHYS.	1 1 ~	-6-	- 6 (
	22c. PHYSICIA	N'S	A	11 1	191,12		RESS	JIKEO10K	TIMO.		۸۸۷	7 - 1	_
	NAME (T)		(I).	44/2		70	27	Bul	Dir Rol	150	Illi -	ے کر	
		- V								-			=
238	REMOVAL (Spe		OF 23	c. NAME OF CEM	ETERY	OR CREMATO	RY	23d. L	OCATION (City, 1	own or c	ounty)	(St	ate)
	Juria		N.	foreland	[emc	orial Ca	em.	Ra	ltimore		Md		
24	. FUNERAL DIRĒ		1 4	AOORESS	/		5a. REC	'O BY REG		EGISTRA	- 4		
_	0	4 11.		1-100	5	20/	18 54	10	1000 00	Himyl	Per ()	udar	
	. 13	· del care a VIII	me a MI	101 Rales	11h	m-10-10	VI PATA	10	100 J	, ,	11	0	



cessary, e funeral may be File pages 1, and 2 with the State Department, and in any event within 72 hours after death. O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute is certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 1, and 4 director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 in retained for your files. 3 should be used as a burial-transit permit, agent, prior to burial, cremation, or removal, TO FUNERAL DIRECTOR: Page of Health or its designated

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VR ALSME (5)

1/65

NAME (Type)

	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS	PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	00340 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH
1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. STATE b. COUNTY Harvland
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) Towson c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) Glen Arm
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph Hospital	d STREET ADDRESS 6. IS RESIDENCE ON A FARM? Villa Maria, Notch Cliff VES NO
3.	NAME OF First Middle	Lest 4. DATE Month Day Year OF DEATH January 5 19 66
F	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in years IFUNDER 1 YEAR IFUNDER 24 HRS. lest birthday) Months Days Hours Min. 72 yrs.
aus	Religious 10b. KIND OF BUSINESS OR INDUSTRY EDUCATION	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Rochester N.Y.
	JEROME KDESTERER	14. MOTHER'S MAIDEN NAME LOUISA SAVARD
(YI	WAS DECEASED EVER IN U.S. ARMED FORCES? 18. SOCIAL SECURITY NO. (If yes give war or dates of service) ONE.	NVENTRECORDS GLEN ARM, MARYLAND
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 9039 DUE TO	Failures Fat Carbism INTERVAL BETWEEN ONSET AND DEATH
	cause (e), stating the DUE TO	red Hef
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELE	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO P
MEDICAL CERTIFICATION	CAUSE OF DEATH.	DRRED. (Enter future of infury in Part L or Part II of Item 18.)
MEDICA	20c. TIME OF INJURY Monin, Day, Year 20d. INJURY OCCURRED 20e. PA	
	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes . Accident . Sui	icide , Homicide , Undetermined manner
	SIGNATURE MARGIES TO Funel	CHIEF MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIGNED

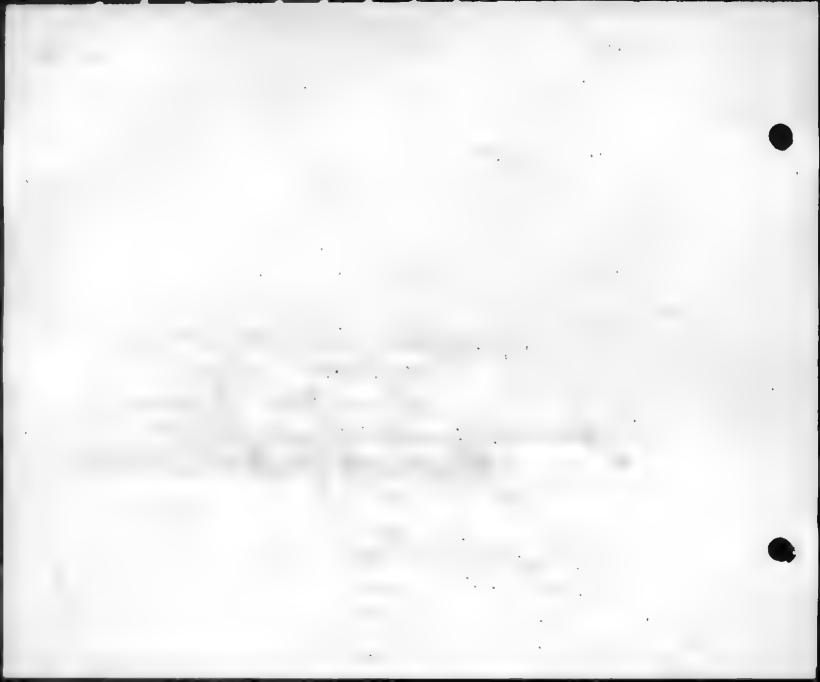
238. BURIAL CREMATION, 23b. DATE THEREOF BRANOVAL (Specify) Jan. 8,1965 Sisters Cemetery Glen Arm, Maryland FUNERAL DIRECTOR

XX Raymond J.Curran 24. ADDRESS Scarlett Drive 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Towson, Maryland21204

23c. NAME OF CEMETERY OR CREMATORY

Address (Street, city, town, or county)

LOCATION (City, town or county)



24 lours aften death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and intent event, within 72 hours after deal to the state Dept. TO HOSPITAL OR ATTENDING PHYSICIAN: The law negatives that the Beath mertificate de emculed mithin Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admiss a. STATE b. COUNTY 7 Lt Ct. Balt more MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Mount Wilson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Mount Wilson State Hospital 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH MUDDWED DIVDRCED 9-6-DD 12. CITIZEN OF WHAT COUNTY? 103. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY? 13. BIRTHPLACE (County & State, or foreign country) 14. CITIZEN OF WHAT COUNTY? 15. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) 8. STATE 6. COUNTY 7 Lt. 15. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) 16. COUNTY 7 Lt. 17. CITIZEN OF WHAT COUNTY? 18. DATE OF BIRTH 19. AGE (in years life UNDER 1 YEAR INF UNDER 24) 104. DATE OF BIRTH 105. COUNTY? 106. COUNTY? 107. CITIZEN OF WHAT COUNTY? 108. DATE OF WHAT COUNTY?
Baltimore MARYLAND D. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Mount Wilson G. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Mount Wilson G. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Mount Wilson G. STREET ADDRESS G. STREET ADDRE
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest town) G. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) G. STREET ADDRESS G. ATE ON A FARN VESS NO. ATE OF OF OF OF OF OF OF OF OF O
Write RURAL and give neerest town) Mount Wilson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Mount Wilson State Hospital JOLE, 22 nd. St. YES NO. 3. NAME OF DECEASED (Type or print) Arthur Sylvester Kothenhave Death Month Day Year OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH M WIDDWED DIVERCED 9-6-DD (Syrs, Institution) MOUNTS MONTHS Days Hours Married Months Days Hours Married Months Days Hours Months D
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Mount Wilson State Hospital JOIE, 2274. St. YES NO. 3. NAME OF DECEASED (Type or print) Arthur Sylvester Koffendary Death 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH M WIDDWED DIVDRCED 9-6-DD 18 JUDICE (County & State or Serving requesty) 12 CITYEN OF WHAT
Mount Wilson State Hospital 3. NAME OF DECEASED (Type or print) 3. NAME OF DECEASED (Type or print) 4. DATE OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDDWED DIVDRCED 9-6-DD (Set b) Print Days Hours Months
3. NAME OF DECEASED (Type or print) Athur Sylvester Kothenlave Death 1 2 19 6 6 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24) M WIDDWED DIVERED 9-6-00 19 19 19 19 19 19 19 19 19 19 19 19 19
DECEASED (Type or print) Atthur Sylvester Kothenlaver DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH M WIDDWED DIVDRCED 9-6-DD Last birthday) Months Days Hours M 100. USUAL OCCUPATION/Glya kind of work dane 1 10h. KIND OF BUSINESS OF 111 BIRTHPLACE (Country & State or Serving Country) 12 CITIZEN OF WHAT
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 241 last birthday) Months Days Hours M W WIDDWED DIVDRCED 9-6-00 15 yrs. 108. USUAL OCCUPATION/Give kind of work done 1 the KIND OF BUSINESS OR 113. BIRTHDLACE (Country & State, or Serving Country) 12. CITIZEN OF WHAT
M WIDDWED DIVERCED 9-16-00 (ast b)rthday) Months Days Hours M
M WIDDWED DIVDRCED 7-6-00 65 yrs. 1
10s, USUAL OCCUPATION (GIVE kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY /
during most of working life, even if retired) INDUSTRY Representation of Working life, even if retired in the linguistry in the linguistr
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Thomas Kathenhaver Mary Karl
15. WAS DECEASED EVER IN U.S. ARMED FORGES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
(Yes, no, or unkown) (If yes give war or dates of service)
18. CAUSE OF DEATH FENTER ONLY ONE CAUSE DET LINE for (a), (b), and (c). 1
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) IN MONRIEV CONTROL TO THE STATE OF TH
DUE TO
Conditions, if any, which (b)
gave rise to immediate (cause (a), stating the OUE TO
underlying cause last. (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED PLANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PART II. 20a. ACCIDENT WAS LABERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
I Pulmongry Tuberculosis, P. Emphysema Diabetes M. YES ANO
20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pum. 19 Not While at work
21. I certify that (I) (this hospital) attended the deceased from 12 - 8 , 19 , to 1 - 17 , 19 (4, that (I) (we)
saw the deceased alive on 1-/2 19(6, and that death occurred at 949 M, from the causes and on the date stated about
222. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF
M.O. PHYS. DIRECTOR PHYS. 1 7 2 5 6
22c. PMYSICIAN'S NAME (Type) 22d. ADDRESS
Wm. NewComer, M.D., Superintendent Mount Wilson, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)



FOR STATE HEALTH DEPT.

TO DEPUTY MED EXAMINER: This certificate word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Meg 3 should be used as a burlal-transit permit. File pages a condition with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

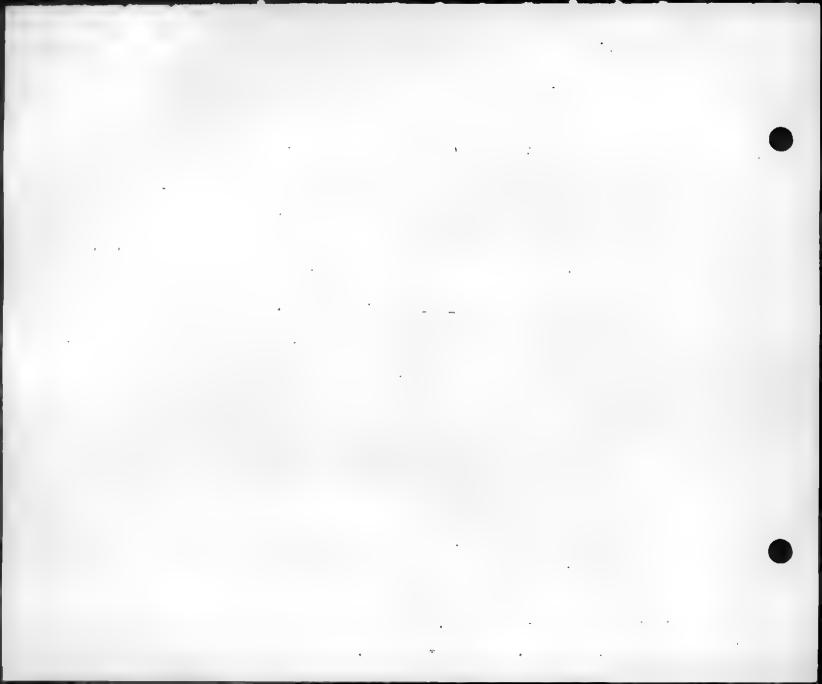
MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0034	2	MED	ICAL	EXAMINER'S	S	CERTIF	ICATE	0F	DEAT	H		003	335
X.	PLACE DE DEATH	1	,					RESIDENCE	(Where				dence befor	e admission)
		ltimo	re Cou	ınty	MARYLANI	D	a. STAT	E	mi	d	. COUNTY			San Park
	b. CITY OR TOW	N (If outsid	le corporate lin		C. LENGTH OF STAY IN		c. CITY OR	TOWN (If ou	tside c	orporate lin	nita, write	RURAL an	d give ne	arest town)
	write RURAL	and give n	earest town)				6	ALto	- 3	3/	* /	, d	· *	
	d. NAME OF HOS	PITAL OR I	NSTITUTION (IF	not in hos	pital, give street eddre	(28	d. STREET							RESIDENCE
	Beth S	teel	Hosp	Spar	rows Pt M	d.	2209	Duke	r C	ourt			YES	A FARM?
3.	NAME DF		First	-	Middle		Last	1.4	. DAT	E	Month		Day	Year
	(Type or print)		Stan]	lev	L		Koro	wski	DEA	TH	1.	22	66	19
5.		6. COLOR		MARRIED T	NEVER MARRIED	7 8	DATE OF	BIRTH	-	9. AGE (In	yaars IF	UNDER 1 Y		DER 24 HRS
	М	W		IDOWED [11.	July 12	2. 1901			thday) M	onths Da	Bya Ho	irs Min.
108	. USUAL OCCUPAT	10N (Give ki	nd of work done		ID OF BUSINESS OR	11,		PLACE (Stet					ZEN OF W	HAT
dur	ring most of worki	ing lite, eve	n If retired)	IND	Steel			land				COU	S. A.	
13	Labor FATHER'S NAME			<u> </u>	0000	1		ER'S MAIDEN	NAME			01	J 1 22 0	
		h Kot	owski					eli Mac						
15	. WAS DECEASED	VER IN U.S	ARMED FORCE	\$? 16. S	OCIAL SECURITY NO. :	17.	INFORMANT				In Control		-	
(Y)	es, no. er unkown) NO	(If yes give v	war or dates of servi	215	5-1.0-4099	Mr	s. Mary	y E. Ko	otow	ski	2209	Duke	r Cou	rt
	I 18. CAUSE DE I	DEATH (En	ter only one car									1	INTERVAL	BETWEEN
	18. CAUSE OF DEATH (Enter only one cause per ling for (e), (b), end (c).] PART I. DEATH MAS CAUSED BY: (C) KONAMY OCCURATION										ONSET AND DEATH			
	42 al Inmitediate Cause (e)													
	Conditions, If any, which) DUE TO A - 5-CV- Wises													
	gave rise to immediate													
	ceuse (a), steting the DUE TO													
2	underlying cause last. (c)											119. WAS	AUTOPSY	
MEDICAL CERTIFICATION		PERFORMED											FORMED?	
5	20a. EXTERNAL													
E	PRIMARY OF OF	CONTRIBUT	TING [2001 01		1			,					
C													(State)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While Not While State											(00017)		
Z	p.m. 19 et work at work													
	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection inquiry and in my opinion													
	death resulted from: Natural causes D, Accident , Suicide , Homicide , Undetermined manner													
	ACTUAL CHIEF MEDICAL EXAMINER C													
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER													
	EXAMINER'S DEPUTY MEDICAL EXAMINER EXAMINER'S													
m2	NAME (Type) Address (Street, city, town, or county)								(State)					
23	REMOVAL (Spe	notified.	b. date then L-26-196					OKT						(State)
9.4	Burial	1	r-50-170	00	Holy Redee	me 1	r	25a. REC'I		ltimor		HI'Y LAI HSTRAR'S		F
24	Lilly &		n Tno	1001	. Eastern Av	^			- 4		U.C.	Carry D	A Josep	squ.
	marray oc .	7147	TIIC .	エプロエ	. Dascalli VA	C 6		DATEJAN	4 4	OCCI	11		()	U

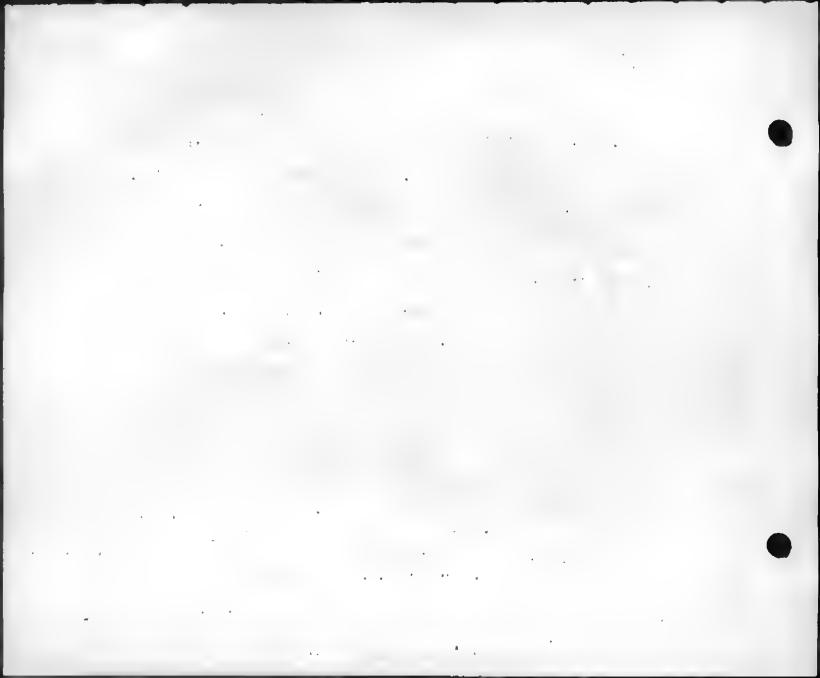
DATEJAN

VR A15ME (5) 5M 1/65

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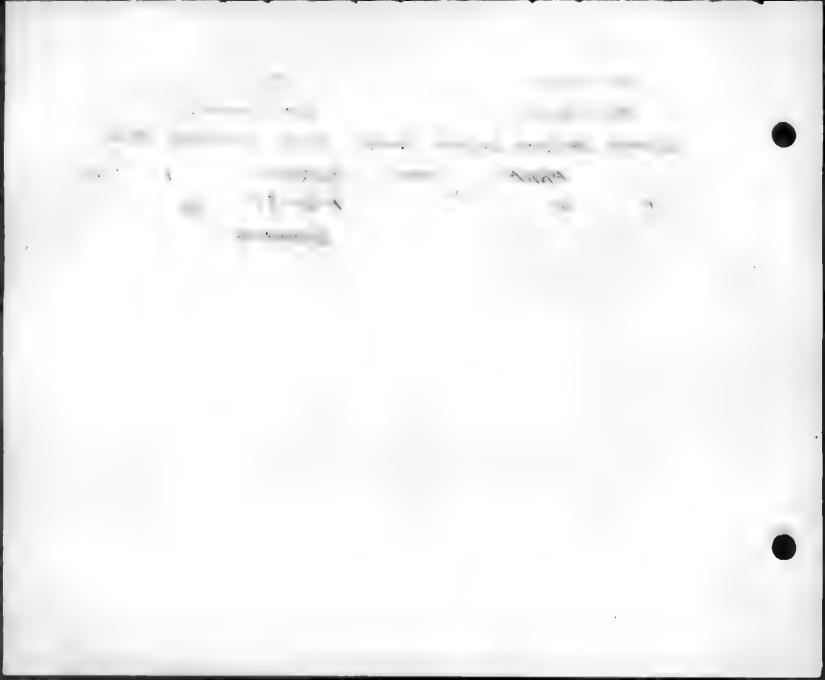
4		I	tem 18 F	ilm G373 2	/1MAR	YLAND STATE	DEF	PARTMENT OF HEALTH					
- 43	ł .		DIVISION	N OF STATISTIC	AL RESE	ARCH AND RECO	RDS	, 301 W. PRESION STREET, BALLIMORE 1,	MARYLAND				
= = 50	N.	_	00343			CERTIFIC	ATI	OF DEATH	00336				
death funeral	Gen	1.	PLACE OF OEATH	Baltimore				2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission a. STATE Maryland b. COUNTY					
after the	after	-	b CITY OR TOW		a limita	MARYLA		c. CITY OR TOWN (If outside corporate limits, write RUR	At and give nearest town)				
hours a	hours a		write RURAL	N (if outside corporat and give nearest town	n)	C. LENGIN OF STAT II	Baltimore 50	s .					
24 ho filled i	رة ط		d. NAME OF HOS	PITAL OR INSTITUTIO		nospital, give street add	ress)	d. STREET ADDRESS 5408 Knell Ave. 21206	e. IS RESIDENCE ON A FARM?				
	within 72	1_		oseph Hospi				YES NO					
executed within	nt, wil	3.	NAME OF DECEASED (Type or print)	Jean	nette	Middle M.		Kratz 4. DATE Month Jan.	31, ₁₉ 66				
cuted com	event,	5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRIED] [DATE OF BIRTH 9. AGE (In years IF UNO	ER 1 YEAR HE UNDER 24 HRS				
73 mg	24		male	White	MIDOMES	housed do	<u> </u>	1-21-01)0 yrs.					
ficate be executed by the physicians. and	怎)	10a	ing most of work	lng ljfe, even lf retired	1)	KIND OF BUSINESS OR INOUSTRY			COUNTRY?				
ysic plea	- 16	13	FATHER'S NAM		no	memaker		Baltimore, Md.					
iffica g pl	гетоуа												
death certificate he attending physi	Ten	George Herman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAND Address											
death ne atte	n, or	(Yo	s, no, er unkown)	(If yes give war or dates o	service)	18306920	,	Mr. Walter S. Kratz Sa	m o				
the the	atio			DEATH [Enter only on	e cause per	line for (a), (b), and (c).]]	· Pris Williams Ja Island	INTERVAL BETWEEN ONSET AND DEATH				
hat the iclan.	cremation,		PART I. OF	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ge	eneralized ca	arc	inomatosis	ONSET AND DEATH				
physician signed by	<u>la</u>		170	DUE	то	1 1 1							
	burial,		Conditions, If		(b) Me	tastatic -	Irc	m carcinoma of left breast	•				
ding ding been	or to		cause (a), si	tating the OUE									
	prior	NO	underlying caus		(c). Inscontrie	UTING TO DEATH BUT NO	TRELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	a) 19. WAS AUTOPSY				
A: The rail or a ifficate	Health p	CATI							YES A NO				
THYSICIAN: The hospital this certifical	t. of He	CERTIFICATION	20a. ACCIOENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF OEA TIFY MEDICAL EXAMI	TH NER)	OESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of Injury in Part I or Part II of Item	18.)				
the the	- 427	MEDICAL	Hour a.r		While	Not While	e. PLA facto	CE OF INJURY (Home, farm, 20f. (City or town) (7, street, office bidg., etc.)	county) (State)				
Afte	e Stat	Ξ	p.(at wo		4	Jan. 28 1966 to Jan. 31 19	66 that (I) (we) last				
Z 2 .:: 3	, E					ded the deceased from 19.66, and		death occurred at 1:20M, from the causes and or					
retai ECTOF	<u>₹</u>		22a SIGNATURE A. 122b. OATE SIGNED										
y be	filed			melen	~		K M.E), PHYS. DIRECTOR PHYS. PL	n. 31, 1966				
TO HOSPITAL OR A Page 4 may be r TO FUNERAL DIREC	d be		22c. PHYSICIA NAME (T	Melenci	.o A. V	Ventura, M.D.	•	7620 York Road, 2120li					
HOS age	la control	23	BURIAL, CREM		THEREOF	23c. NAME OF CEM	ETERY		3 8				
2 2	100		Burial	2/4/6	6	Gardens of	8.	taith (em. Baltimore, Ma	ryland				
	a	\	. FUNERAL DIRI		0	ADDRESS		CALLED A MORE 1 1877 CONT	ARSGIGNATURE				
VR AL5 (Leonard	J. Ruck	ync.	5305 Harto	rd	Rd. EFEB 3 1966					



TO HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any egent, within 72 hours after death.

		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND										
		00344 CERTIFICATE OF DEATH										
	1.	PLACE OF DEATH a. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE M J, b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	_	write RURAL and give nearest town) OHLTI MORE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	BALTIMORE									
1	61	REATER BALTIMORE METICAL CENTER	8831 VICTORY AVE	YES NO								
	3.	NAME DF First Middle DECEASED (Type or print) PNNA NM	KURRLE 4. DATE Month	27 19 66								
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 1-31-87 9. AGE (In years IFUNDER: Months 9. AGE (In years FUNDER: Months 9. AGE (In years 1. AGE (In	1 YEAR IF UNDER 24 HRS Days Hours Min.								
	dur	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) AT ITOME AT ONE	GERMANY	UNTRY?								
	13.	ANDREW SCHMIDT	14. MOTHER'S MAIDEN NAME MARCHARET									
	15 (Ye	es, no, or unknwn) (If yes give war or dates of service)	SHNE IYURRLE 3023 BEL	VERLY ED								
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) (6) TO FORC - Vascue Cau	o-Accident	INTERVAL BETWEEN ONSET AND DEATH								
		Conditions, if any, which gave rise to immediate cause (a) etailing the DUE TO	osis Generalized									
	NO	cause (a), stating the Country of th	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2).	119. WAS AUTOPSY								
2	CERTIFICATION	Popleted 1Prombosis		PERFORMED?								
	1 1	20a. ACCIDENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.) cimired								
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While factor p.m. 19 at work at work	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou ory, street, office bidg., etc.)	inty) (State)								
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 127 1960 and that	1 - 19-, 1966, to 1 - 27; 1966 at death occurred at 9454M, from the causes and on the									
		22a. SIGNATURE (ables 4 edalon M.D. PHYS. DIRECTOR PHYS. V 1-27-66										
		22c. PHYSICIAN'S NAME (Type) EARLOS VIDALON	22d. ADDRESS 6701 Not the Charles St.	Balf. Ad								
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or country CEMBTERY BALTIM ORLE	inty) (State)								
C	24	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR"	SIGNATURE								
-	1	LLICICH FUNERAL HOME 4210 13E	LA 112. FAITEB 3 1956 11	(/								

VR A15 (4)



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	11154			CERTIFICA	IE OF	DEATE				H_{ij}	33	
1	PLACE OF DEATI	H			2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission)							
	a. COUNTY	t man an in			e. S	TATE	_		YTAUC			
		Lmore		MARYLAND			ylan		Bal	timo	re	
	Write RURAL	N (if outside corporal and give nearest tow	m)	c. LENGTH OF STAY IN 1	C. CITY	OR TOWN (II	f outside	corporate limits,	Write RURA	L and give	a neares	t town)
		imore 12				Tows	aon		W.*	. /		
-	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not in ho	spital, give street eddres	s) d. STRE	ET ADDRESS				0.	IS RES	
		cost Nurs			81.2	Ple Ple	asa	nt Plai:	ns Ro	ad v	ON A F	NO.
3.	NAME DE		rst	Middle	11	st	4. DA		onth	Day	Yea	
	(Type or print)	Tio	uise	V.	Kussr	1911]	DF		uarv	22	19	66
5.	SEX	6. COLOR OR RACE				OF BIRTH		9 AGE (In yea	rs LIE HNBEI	R 1 YEAR II		
	-		r. months	_			~ ~	last birthda	y) Months	Days	Hours	Min.
10	F	W	WIDOWED	DIVORCED		4,189		(4 yrs				
dur	I. USUAL OCCUPATION IN MOST NO.	TON (Give kind of work Ing life, even If retire	done 10b. Ki d) IN	ND OF BUSINESS OR DUSTRY	11, BIF	THPLACE (C	County & S	tate, or foreign cou	itry) 12. (CITIZEN O	F WHAT	
		sewife	Ow	n Home	Ba	altimo	ore.	Md.	U	SA		
13.	. FATHER'S NAM	E			14. MC	THER'S MAI	DEN NAM	E				
	Frederi	ck Z.Vog	Paha		Loi	lise V	Jaha	23				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.5	SOCIAL SECURITY NO. 1	, INFDRMA	VT OG Y	Mene.		iress			
{Ye		(If yes give war or dates o		0 = 0 1 / = 0	_			- ,				
	No				Howard	E K	15 sm	aul (Same)		-	
			12	ne for (a), (b), and (c).1						ONSE	VAL BE	IWEEN DEATH
	PART I. DE	EATH WAS CAUSED BY IMMEDIATE CAUSE		setral At	ed lin						well,	-
		DUE			1							
	Cenditions, If											
	gave rise to	immediate	(b)									
	cause (a), s		10									
21	underlying caus		(c)	TIMA TO BELY HAVE NOVE		- ventuals i	DIATION	AND IN CHARLES	AU DADT v.f.	=	THEC AL	TORCY
110	PAKI II. UIHEKS	IGNIFICANT CONDITIO	JA2 COMIKIBO	TING TO DEATH BUT NOT R	LAIED IOIH	ETERMINAL	DISEASE	CONDITIONGIVEN	IN PARTI(a) 19.	WAS AU PERFOR	MED?
7313										YES		ио 🗌
CERTIFICATION	2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	ESCRIBE HOW INJURY OF	CURRED. (Er	ter natura o	if Injury I	n Part I or Part I	I of Item 1	8.)		
A.	20c. TIME OF	NUURY Month, Day,	Year 2Dd. IN	JURY OCCURRED 12De.	LACE OF INJ	JRY (Home, f	arm.] 20	f. (City or town	(C)	ounty)	(5	state)
WEDICAL	Hour a.s	,	While		ctory, street,			,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			. ,
2	p,I	m. 19	at work		00		-	70				
	21. I certif	y that (I) (this hosp		d the deceased from.		L. J.	19 8 4			EG, tha		
	saw the de	ceased alive on	you 2	2 19 6 4, and t	hat death of	corred at	30 M	, from the caus	es and on	the date	stated	above.
	22a. SIGNATUI	5. 1	7						22b.	DATE SIG	NED	
		4th we	cen-		ATTEN A.D. PHYS	DING	MED. DIRECTO	R STAFF		123	166	
	22c. PHYSICIA				22d.	ADDRESS						
	NAME (T)	/pe) Dry	Mark D	ugan	1 1	5 E. I	Bidd	le St.				
238	BURIAL, CREW	TATION 236. DATE	THEREOF	23c. NAME OF CEMET	RY OR CREN	ATORY	23d.	LOCATION (City	, town or c	ounty)	(St	ate)
	REMOVAL (Spi		1966	Mt.Olive			Ran	dallsto	um - Ba	al to	. Co	. hM.
24	. FUNERAL DIRE		1700			25a. RE		EGISTRAR 25b.	REGISTRAL	R'S SIGNA	TAIRE	San Car
H	.W.Jenk		ıs Co.	4905 York	Road				Belly	myler	ned	ge.
			- Rollto	12 Ma		DATE	IAN	2 5 1966	1		(L.)	/ _

Balto.12, Md.

VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

JAN 26

Conkling StrateBaltimore, Md. Eliantes Judges

(County)

22b. DATE SIGNED

20/66

e. IS RESIDENCE ON A FARM?

Year

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO [

(State)

(State)

PERFORMED?

YES A

19 66

Day

19

Davs

COUNTRY?

U.S.A.

12. CITIZEN OF WHAT

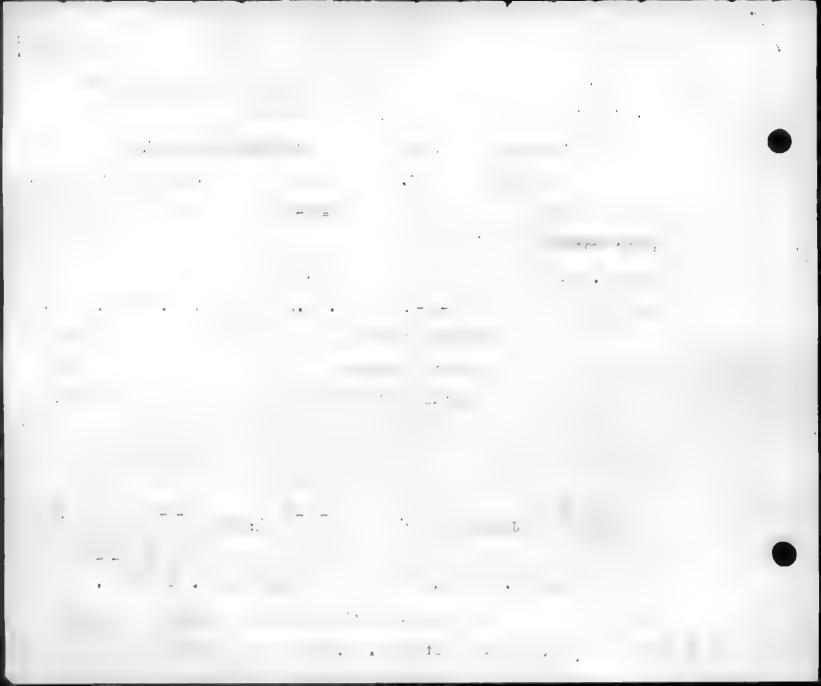
NO A



	DIVISIO	N OF STATISTIC		YLAND STATE DEF		HEALTH STREET, BALTIMORE	I. MARYLAND				
	0034			CERTIFICATI	•		00340				
1.	PLACE OF OFATE a. COUNTY BALTIMO			MARYLANO	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) and b. County deceased lived, It institution: Residence before admission)						
	b. CITY OR TOWN	N (If outside corpora and give nearest tov	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town						
	FORT HOW	ARD		80 DAYS	BALTIMOR	E	' +				
				nospital, give street address)	d. STREET AOORESS	and the second	e. IS RESIDENCE ON A FARM?				
_		ADMINISTRA				ne Alameda 12	YES NO X				
3.	NAME OF OECEASEO		irst	Middle	Last	4. DATE Month	0ay Year 2 19 66				
5.	(Type or print) SEX	6. COLOR OR RACE	7. MARRIEO	L. NEVER MARRIED [] E	LANDON B. OATE OF BIRTH	DEATH JANUARY	OFR 1 YEAR HE LINGER 24 HRS.				
21	4 7 73		WIOOWEO	I HEVER HUMANIEU		last birthday) Mont	ths Oays Hours Min.				
10a	AT.C. . USUAL OCCUPAT	ION (Give kind of work		KINO OF BUSINESS OR	7=1.5=1891, 11. BIRTHPLACE (Co	unty & State, or foreign country) 1	2. CITIZEN OF WHAT				
		ng life, even if retire			BATATMORE	MARYLAND	COUNTRY?				
13.	Limber Br	E	1.1.1.11	iber Company	14. MOTHER'S MAIO						
Te	ITLLIS H.	TANDON			CARRIE IU	DLAM					
15 (Ye	. WAS DECEASED F	TANDON EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16	. SOCIAL SECURITY NO. 17.	INFORMANT	Address					
	YES	WW_I_	2]	12-18-3138 Cli	n.Rec., VA Ho	spital, Ft. Howa	rd, Maryland				
				line for (a), (b), and (c).			INTERVAL BETWEEN				
	PART I. OE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) RESI	PIRATORY ARREST			MINUTES BEATH				
	7 11	OUE									
	Conditions, if a		(b) BRON	CHIO PNEUMONIA			HOURS				
	cause (a), st underlying caus	ating the OUE		SESTIVE HEART F	AILURE		MONTHS				
TION	PART H. OTHER S	IGNIFICANT CONDITIE	ONS CONTRIB	UTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL O	ISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?				
FICA							YES NO A				
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT	WAS UNDERLYING ☐ NG ☐ CAUSE OF OEA IFY MEDICAL EXAMI	TH NER)	OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	Injury in Part I or Part II of Iter	n 18.)				
MEDICAL	20c. TIME OF I Hour a.m		Year 20d. While at wor	Not While factor	CE OF INJURY (Home, fairy, street, office bldg., et	m, 20f. (City or town)	(County) (State)				
Σ.				ied the deceased from	10-11-65 19		9 that Alk(we) last				
	saw the dec	eased alive on	anuary	2 19 66 and that	death occurred at	COR from the causes and					
	22a. SIGNATUR			77-		\ 22b	. DATE SIGNED				
		H	2000	M.O	. PHYS O	IRECTOR PHYS. 1	-2-66				
	22c. PHYSICIA NAME (Ty	ne)	ecami	PHA MD	22d. AOORESS	tal, Ft. Howard,	Md.				
	PHOISE COTT	ADOLFO E	THEREOF				4				
ZJ8	REMOVAL (Spe	clfy) // _/		Baltimore Nati		23d. LOCATION (City, town o					
24	. FUNERAL DIRE		966	AOORESS NACT		O BY REGISTRAR , 25b. REGIST	RAR'S SIGNATURE				
T	ICKNERS F	uneral Dir	ectors	North&Penn.Avs		we do to the Offer	iarles Judge				

Funeral Directors North&Penn.Avs. Balto DATE JAN

5 (4) 1/65 VR A15 20M 1/



	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND
	00348 CERTIFICATE OF DEATH	00341
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, II e. COUNTY b. COU	
	- taltimore MARYLAND MA	
	b. CfTY OR TOWN (if outside corporate limits, write BURGH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write BURGH of STAY IN 1b	e RURAL and give rearest town)
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) d. STREET ADDRESS	/ I e. IS RESPOENCE
	5579 Jik Pue 764 6 200 10 1	ON A FARM?
3.		7 7 5 6 6 6
	OF DEATH OF DEATH OF	6/6/0 19
5.	SEX 1 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTHY	IF UNDER 1 YEAR IF UNDER 24 HRS.
	T, WIDOWED DIVORCED 1/114,23/96/69 yrs.	Months Days Hours Min.
10 de	o. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Country & State, or foreigh country one during most of working life, eyen if retired)	12. CITIZEN OF WHAT COUNTRY
12	FATHER'S NAME	I W S CL
13	FATHER'S NAME	la lana
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT	307 75
{Y:	es, no, or unkown) (Myesgive were detes of service) 12-01-55-9 Turn from St. Frit. 559	Link Cold
	1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) Arteurelewite Heart Disease	3 years
	DUE TÓ	
	Conditions, if any, which [b] [b] [conditions of the conditions of	
	(a), stating the underlying DUE TO	
Z	PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G	VEN IN PART 1(a) 19. WAS AUTOPSY
ATION		PERFORMED?
CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert 1 or Pert II of dem 18.) OR CONTRIBUTING CAUSE OF DEATH	
_	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, '20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
ME	D.m. 19 at work at work	1.6
	21. certify that (I) (this hospital) attended the deceased from 250 mm, 1997, to 1	and on the date stated above
	220 SIGNATURE O	22b. DATE
	M.D. ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	SIGNE
	PHYSICIAN'S NAME (Type) JOHN P. URLOCK JR 22d. ADDRESS WOULL B	00 M
23	BURIAL, CREMATION, 236, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, No permoval (Specify)	own or county) (Stele)
₹ 24	FUNIERAL DIRECTOR'S SIGNATURE ADDRESS	EGISTRAR'S SIGNATURE
/	1 the 4101 Samondson DATE IAN 10 1000	videnta, Cinta
_	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	y y y



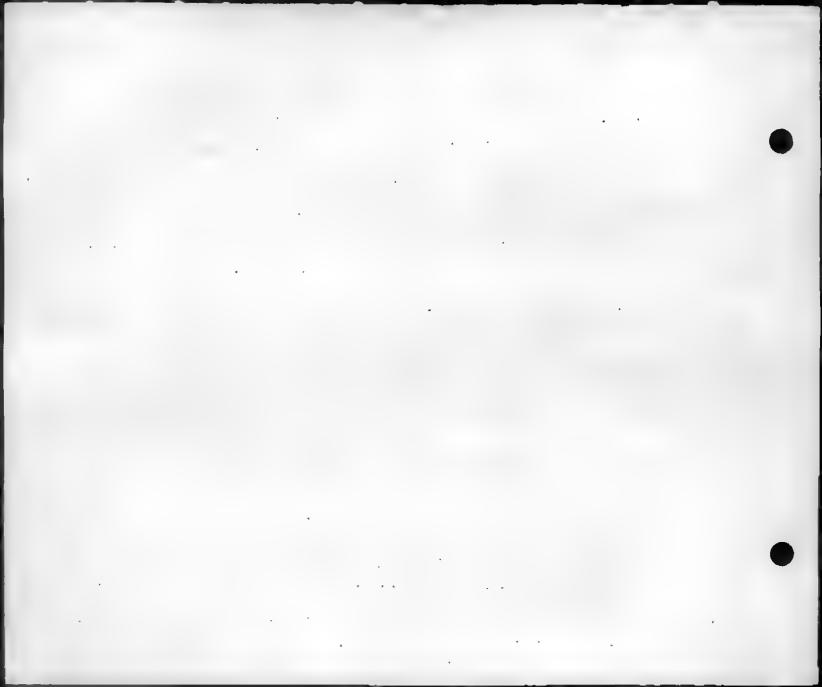
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET BALTIMORE 1. MARYLAND

1	DIVISIO	A OF STATISTI	OME RE	SEARCH AND RECE	MDS	, sur m. rich		SINCE	, DALLI III	none i,	IASSAULT R	PART	
1	00343	3		CERTIFIC	ATI	E OF DE	ATH				1)(124	2
1.	PLACE DE DEATH				- 1	2. USUAL RES	SIDENCE	(Where dece	ased lived, 11	institution	: Residenc	e before a	dmission
į.	a. CDUNTY	Baltimor	16			a. STATE	Mar	ryland	b. C	PI	n naa	Goo	na I
-	h 0177/ 00 701//			MARYLA					4.	L i	LHCG	-60.	E.E.
	write RURAL	N (If outside corpora and give nearest to	ite limits, wn)	c. LENGTH OF STAY I	N 1D	c. CITY DR TO	WWN (IT OU	rtsi de corp	orate limits,	Write KUK	AL and E	тув пеаге	SI (OMI
(Catona vi		,	4mthl3dys		Bowi	e. Ala	arylar	nd ,	1			
_	d. NAME OF HOS	PITAL OR INSTITUTI	ON (if not i	in hospital, give street add	iress)	d. STREET ADI						e. IS RES	SIDENCI FARM?
9	SPRING G	ROVE STA	E HJ	JE ITAL		31.02	Trris	g Lane	>			YES T	ND
-	NAME DF									onth	Day		
3.	DECEASED		irst	Middle		Last	1 '	DF			,		
	(Type or print)		nie	В.		Lash		DEATH		uary .		19	60
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		B. DATE OF BIR	TH	9.	AGE (In year	ers IFUND	ER 1 YEAF	Hours	
1	emale	white	WIDOW	ZED X DIVORCED		Nov. 1	2, 18	391	74 yrs		s Days	Hours	MIII
108	. USUAL OCCUPAT	ON (Give kind of work	kdone 10	b. KIND OF BUSINESS OR		11. BIRTHPLA					CITIZEN	DF WHA	Ī
dur	Ing most of worki	ng life, even If retire Lf⊖	ed)	own home		Manual	and			7.7	COUNTR	YY	
	FATHER'S NAM			OHA MONG		Maryl		LNASIC		U.	. S.		
13							F						
	James	Hiddle				Emma	LOV	eless	3				
15	. WAS DECEASED	VER IN U.S. ARMED F (If yes give war or dates	DRCES?	16. SOCIAL SECURITYND.	17.	INFORMANT			Ad	dress			
	ink fown	(it yes give war or dates	DI SEITICE)	unknown	Re	cords:	St RI	'G GF	ROVE 3	STATE	HOS	FITAL	1.
-	18 CARSE OF	TEATH (Enter only or	na causa n	er line for (a), (b), and (c).	1	00100	171 201	10 01	10113 1	<u> </u>		ERVAL BE	
		ATH WAS CAUSED BY	_									SET AND	
	/	IMMEDIATE CAUSE	E (a)	Pyelonephriti	2						_		
	/	DUE	T0										
	Conditions, If		(b)										
	gave rise to		E TO										
	cause (a), st underlying caus	athig the											
5		/	(c)	RIBUTING TO DEATH BUT NO	TRELA	TED TO THE LERN	VINAL DIS	FASECONE	ITION GIVE	VIN PART 1	(a) 119		UTOPSY
Æ													RMED?
CERTIFICATION												ES EX	NO _
E	DR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DE	1 200 ATH 200	DESCRIBE HOW INJURY	r occu	RRED. (Enter na	iture of it	ijury in Pa	rt I or Part	II of Item	18.)		
	(IF EITHER, NOT	NG CAUSE OF DEA	INER)										
MEDICAL		NJURY Month, Day,	Year 20	d. INJURY OCCURRED 2D		CE OF INJURY (H			City or town) (County)	(State)
103	Hour a.n		W	hile Not While	Tacto	ry, street, office t	oldg., etc.	"					
2	p.n			work at work		G 1 3	20/	٠ .	2 17	10	66	2 - L -MA - F	una Inn
			pital) atte	ended the deceased fro	m	Sept. I	198	5_, to_	1/18			that 🚻 (
		eased alive on	116	1914 an	d that	death occurre	ed at A	MeM, fro	m the caus				d appve
	22a. SIGNATUR	RE († ,	4.0	1		ATTENDING	, ME	n _	STAFF		DATE S		
		24	ella	Wachelis	M.D		E Dii	RECTOR _	PHYS.		-18-		
	22c. PHYSICIA NAME (T)		1	T	1	22d. ADDR	ESS St	TAL VG	G ROV			HOSP.	MAL
	name (1)	St	ella "	Vachsler, M.	ν		<u>F</u>	Balti.	ore, f	laryla	ind 2	1228	
23	. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	Y	23d. LO	CATION (CIT)	y, town or	county)	(5	tate)
	REMOVAL (Spe	Gfy) Jan 2	1. 19	066 Ft Linco	nln	Cemeter	rv	Co	lmar Î	Mnor	Mel		
24	. FUNERAL DIRE		7	ADDRESS	OTIL	1 25	a. REC'E	BY REGIS	TRAR 25b.	REGISTR	AR'S SIG	NATURE	
1		asch's So	ns .	iyattsville,	Md		IAN 9		CC 4	19 depart of	as Qu	udge	

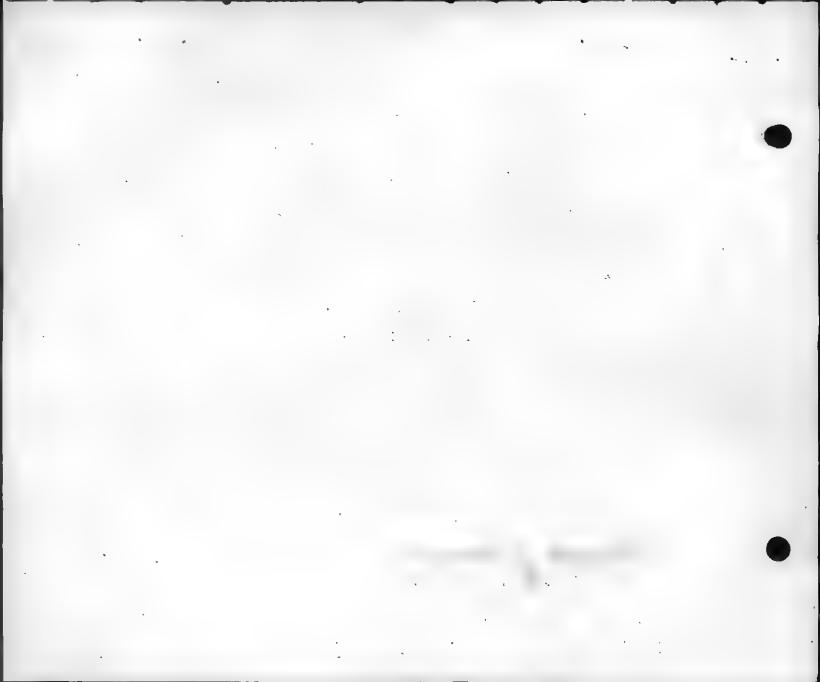
VR A15 (4) 2DM 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attinating plysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

THE PESPITAL OR HITEMHING PHYSHIAM THE law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



1 ApplyiSion of Statistical Rese	YLAND STATE DEF	PARTMENT OF	HEALTH	ALTIMORE 1	MARYLAND
1 48 1/ 1881/5.744	CERTIFICATI		1011(221, 2	4 d	00243
1. PLACE OF DEATH a. COUNTY BALETMORE			-	lived, If institutio	n: Residence before admission
	MARYLAND	1	RYLAND	B. COUNTY A.	NNE ARUNDEL ~
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) FORL HOWARD	c. LENGTH OF STAY IN 1b	_	•	e ilmits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	12 DAYS	d. STREET ADDRESS	:RN	6 3r m	e. IS RESIDENCE
VETERANS ADMINISTRATION			RST ROAD		ON A FARM?
3. NAME DF First	Middle	Last	4. DATE	Month	Day Year
DECEASED (Type or print) WILMER	F.	LEE	DF DEATH	JANUARY	24 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED.	NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE	(In years IFUN Monti	DER 1 YEAR IF UNDER 24 HRS
MALE WHITE WIDOWED	_ الموا		04 61	yrs.	
during most of working life, even if retired)	(IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (Co	unty & State, or fo	reign country) 12	2. CITIZEN OF WHAT COUNTRY?
ENGINEER EAS	TERN PRODUCTS	BALTIMORE,		D 1	U.S.A.
BALDWIN LEE 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITYNO. 17.	MARTHA LC	V LING	Address	
(Yes, no, or unkown) [(If yes give war or dates of service)]	5-07-3176 CL	IN. RECORDS.	VA HOSPT	TAT. FOR	HOWARD, MD.
BALDWIN LEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) YES WW II 18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED BY. HO. "IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE			*** ***	<u> </u>	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: HO.	DGKIN'S DISEASI	8			2 YEARS
7 DUE TO					
Conditions, if any, which gave rise to immediate (b)					
cause (a), stating the DUE TO underlying cause last.					
	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN PART	I(a) 19. WAS AUTOPSY
O LEIGHT OF THE CAT					PERFORMED?
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I	or Part II of Item	18.)
	i facto	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City	or town)	(County) (State)
Hour a.m. While p.m. 19 at worl	- not wille - i	. Ji o ci and a mada ma Bil a ci			
21. I certify that Monthis hospital) attend	to a till accordance to bill	1/12/66 , 19			9, that (PC(we) las
saw the deceased alive on 1/24/6	<u>6</u> 19 , and that	death occurred at 2	: 30MAltrom t		on the date stated above
Course Ma	zeens M.D	ATTENDING TO	MED. S	STAFF PHYS. 3	1/24/66
22c. PHYSICIAN'S		22d. ADDRESS			, - ,
NAME (Type) CONRADO L. MANC.				MARYLAN	70 Valle Water
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY		ON (City, town or	
BURTAL Jan 2/ 1966	ADDRESS		GJ	LEN BURNI R 25b. REGISTI	RAR'S SIGNATURE
RIX	Singleton Funer		26 1966	7/29 /	le Judge
1. The state of th	llen Burnie, M d	DATE		1 1/	



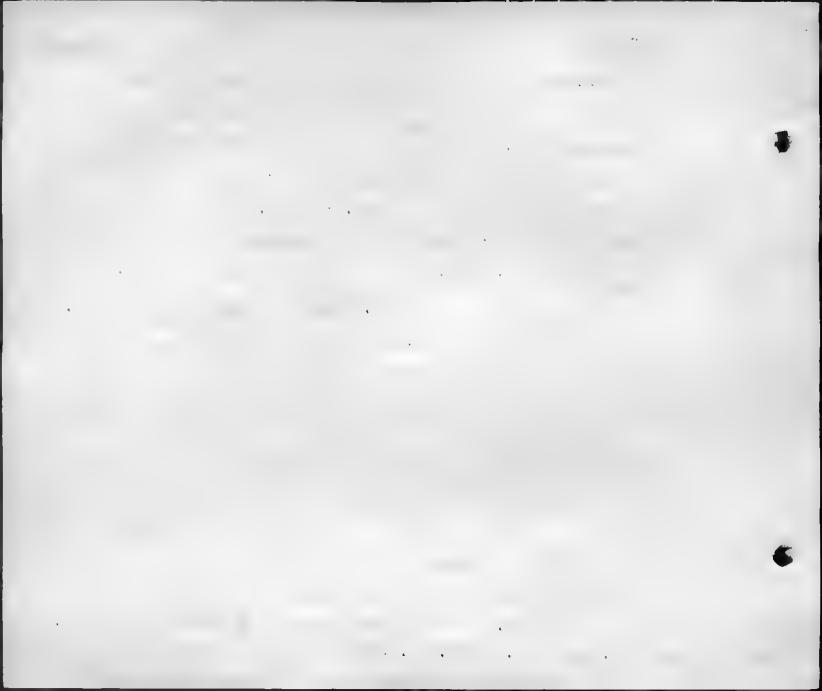
DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY the d MARYLAND b. CITY OR TOWN (if outside corporate I mits. c. LENGTH OF STAY N 16 c. CITY OR TOWN (If outs'de corporale limits, write RURAL and give nearest town) write RURAL and give nearest town). winey Baltimore #34 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 8830 Avondale Road Hvondale Road 3. NAME OF DECEASED Leight (Typa or print) DEATH 1966 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 9. AGE (in years IF UNDER 1 YEAR 8. DATE OF BIRTH last birthday) 1 12. C TIZEN OF WHAT COUNTRY? 106, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if ratired) Housewite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16 SOCIAL SECURITY NO 17, INFORMANT Address (Yas, no, or unkown) (Ifyas giva war or datas of servica) Yoseph R. Hoffman, Upperco Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary Insufficiency IMMEDIATE CAUSE (a) 24 henry DUE TO arter1030 lerce15 Conditions, N any, which gava risa to immadiata causa DUE TO (a), stating the underlying PART IL OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8) 19 WAS AUTOPSY PERFORMED? NO (HUDERTENSION 208. ACCIDENT WAS UNDERLYING _______ OR CONTRIBUTING _____ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, JEntar natura of injury in Part I of Part II of Jam 18.) (IF EITHER, NOTIFY MEDICAL EXAMENER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year [County] factory, streat, offica bldg., atc.) While Not While al work at work 1954, 10 4911 , 19 (4, that (1) (we) last 22b. DATE 22a, SIGNATURE ATTENDING SIGNED TOTRECTOR PHYS. PHY5 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23m. BURIAL, CREMATION, I 23b. DATE THEREOF REMOYAL (Spacify) emeteru ountu. Waugh 2Sa. REC'D BY REGISTRAR VR A15 (4) 15M 9/60

plnous

and

physician

death. Page 4



VR A1S (4) 15M 7/6i

MARYLAND	STATE	DEPARTMENT	OF HEALTH

791	ARILAND SIATE DEPARTMENT OF HEAL	
	RESEARCH AND RECORDS, 301 W. PRESTON STREET	, BALTIMORE 1, MARYLAND
00352	CERTIFICATE OF DEATH	00245

K		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if	institution: Residence before admission
**	, /	Baltimore MARYLAND	STATE M.C. M.C	VTY -
Mar vene		b CITY OR TOWN In outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, wr)	a RURAL and give nearest town)
	(write RURAL end give nearest town) Catonsville 4 Days	Baltimore	
	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
		House in the Pines	400 Colleen Road	ON A FARM? YES NO X
	3.	NAME OF First Middle	Last 4 DATE Mont	h Day Year
			imbach DEATH Ja	an. 19, 1966
		7. MARKED NETER MARKED	DATE OF BIRTH 9. AGE (In years last birthday)	
			ept.11,1890 75 yrs	monins pays nours min.
	10a do	i. USUAL OCCUPATION (Give kind of work ne during most of working I fe, even if retired)	Y 11 BIRTHPLACE (County & State, or foreign country)	12 CITIZEN OF WHAT COUNTRY
	I	Housewife ==	Md.	U.S.A.
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		Unknown	Unknown	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address	
		no 214-03-4018B.	Thelma M. Hughes 1152.	Sargeant St.
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Attoriosclorotic Co	ardio-vascular Disease	unknown
		□ / DUE TO		
		Conditions, if any, which (b)		
		gave rise to immediate cause DUE TO		
		cause last. (c)		WY-W
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
.	CAT			YES NO
	CERTIFICATION	OR CONTRIBUTING 🖂 CAUSE OF DEATH	. (Enter nature of injury in Part I or Part II of Item 18.)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	WEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) ory, street, office bldg., etc.)	(County) (State)
	WE	p.m. 19 at work at work		
		21. I certify that (I) (INIX) bisspirat) attended the deceased from		
		saw the deceased eliveron	death occured at 6A.M, from the causes	and on the date stated above
		220 SIGNATURE	ATTENDING MED, STAFF	22b. DATE
		MAN THE M	D PHYS. DIRECTOR PHYS.	1/21/66
		22c. PHYSICAN S NAME Typo) T	22d. ADDRESS	
		Les J. Gaver	_ 1 Mallow Hill Road	- 000-
		BURIAL, CREMATION, 236 DATE THEREOF 23c, NAME OF CEMETERY (
1		Burial 1-22-1966 Loudon Par		
5	. 24	EUNERAL DIRECTOR'S SIGNATURE ADDRESS 207 III NIONE	1 A 1131 D / 1000 100	GISTRAR'S SIGNATURE
1	2	Thoward Strong 3207 W. Nort	h Ave. 14 1936	

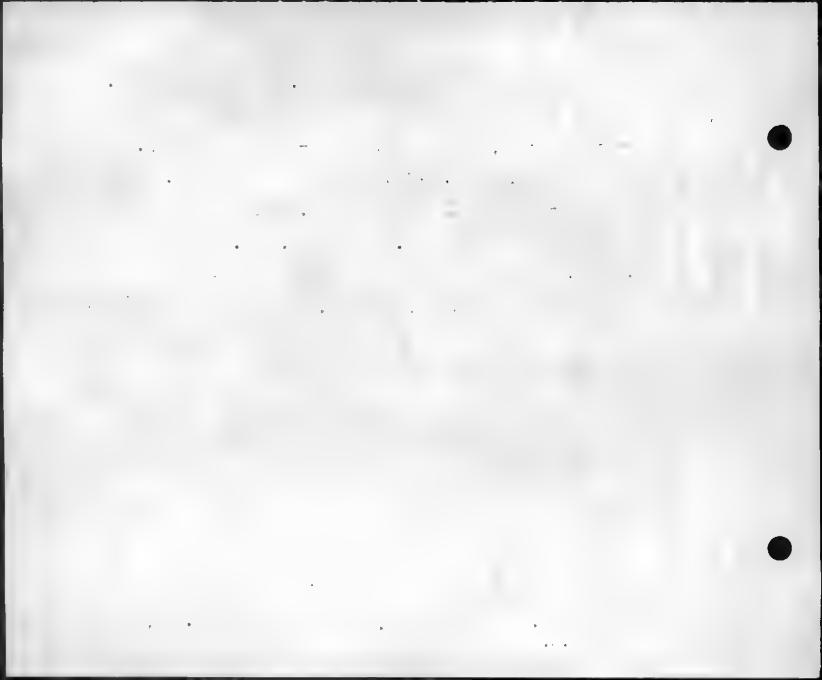


TO HOSPITAL OR ATTENDING PHYSICIAN: The law raquires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

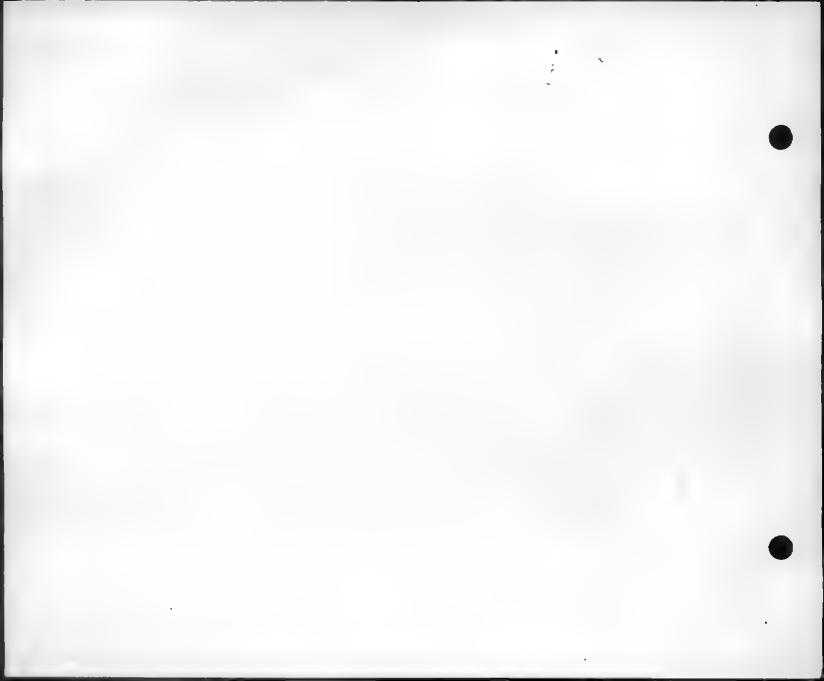
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending provision and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removed; any event, within 72 hours after death.

]	division of statistical research and record CERTIFICAT	EPARTMENT OF HEALTH OS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND TE OF DEATH ()()246
	PLACE OF DEATH a. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY Dal to
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Catons ville	Catonsville /
R	d. NAME OF HOSP. TAL OR INSTITUTION (if not in hospital, give street address loomsbury Retreat. 200 Bloomsbury	d. street address Ave ~ 356 Greenlow Ra. Street address
	NAME OF First Middle	Last 14. DATE Month Day Year
	OECEASED (Type or print) Roland F. Leitz	0FATH Jan. 30/66 19
4.0	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
	Ale White WIDOWED X DIVORCED USUAL OCCUPATION (GIVE KIND OF BUSINESS OR	Jan. 11/95 71 yrs.
url	ng most of working life, even if retired) INDUSTRY	COUNTRY?
13.	Retired Buyer Hecht Co.	Balto. Md. USA
	Wm. Leitz	Ella Strickner
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address Zone 28
Y E	i, no, or unkown) ((ffyes give war or dates of service) 212 09 9468	Mrs. Edgar Davis 356 Greenlow Rd
ī	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: PULMON B.	RIJEMPHYSEMA ONSET AND DEATH
-	DUE TO	
1	Conditions, if any, which gave rise to immediate (b)	/
1	cause (a), stating the DUE TO	
=	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	TATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
Š		TERMITTANT LEMORPASE YES NO Z
CEKIILI		CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAL	2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. P	LACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
NED.	Hour a.m. While Not While p.m. 19 at work at work	tory, street, unice bings, etc.)
	21. I certify that (i) (this hospital) aftended the deceased from	5/20, 1967, to 1/30, 1960, that (1) (we) last
	saw the deceased alive on /-/27 1966, and the	nat death occurred at 2 3/2 M, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
1	22c, PRYSICIAN'S	1.D. PHYS. DIRECTOR PHYS. 1
	NAME (Type) PAUL P. ZIEGLER M.	D ZOOCHESTNUTHING AP. AMICSITCIY, MS
23a	REMOVAL (Specify)	RY OR CREMATORY 23d. LOCATION (City, town or county) (State)
0.		Balto. 29 Md ational 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
24.	FUNERAL DIRECTOR F.D. 4101 Edmondson Ave	DATE B 3 1966 Plantes Judge

VR A15 (4) 15M 4-64



1/ .		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
باد جارا ⁴	1	00354 CERTIFICATE OF DEATH
e funeral and er death.	1	1. PLACE DF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) b. COUNTY MARYLAND
homrs after d in by the f rs. Pages 1 ! hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Color of the corporate limits, write RURAL and give nearest town)
filler paper in 72	,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NOT
ithi pletel sarbon nt, wil	100	3. NAME DF DECEASED (Type or print) On 15 / 6/19
be execuled execuled executed to the executed		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 18. DATE OF BIRTH
be see	1	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY? LIVE AND COUNTRY?
certificate nding physic Then pla		Late Benjamin Lenhardt Late mary
_ = = =	(15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war for dates of service)
tile by th nsit emat	-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACLES TRUE CAUSE (C) STOPP
Mw ragaires that attending physician has been signed to as the burial-train to burial, and the purial of the burial.		Conditions, if any, which DUE TO Conditions, if any, which DUE TO CONDITIONS OF CONTRACT OF THE CONTRACT OF
		gave rise to immediate cause (a), stating the DUE TO underlying cause last. (c)
SCEN. The Mw recognited or attending certificate has be ched for use as the pt. of Health prior t	, ,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{ND} \)
the hospita the hospita this certifi detached fo		
d by the After this d be deta	AALOIGA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. While at work at work 19 at work 19 Average 20d. INJURY OCCURRED 20d. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)
be retained IRECTOR: At e 3 should		21. I certify that (I) (this hospital) attended the deceased from 9-3-6-19, to 1-15, 1966, that (I) (we) last saw the deceased alive on 1-14 1966, and that death occurred at 11 M, from the causes and on the date stated above.
		Tacees THOWELD M.D. ATTENDING MED. STAFF 22b. DATE SIGNED 1-17-66
Page 4 may D FUNERAL director, pag Should be fill	1 -	22c. PHYSICIAN'S NAME (Type) 22d. Solors orle 28
Page - TO FUN direct	1	23a. BURIAL, CREMATION, 25b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) REMOVAL (Specify) (M) / 9/6 (State) 24. FUNERAL DIRECTOR (ADDRESS 1 25a. RECYD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE)
VR A15 (4)	E.	24. FUNERAL DIRECTOR WITSLE DELLE SIENATURE AU TSLE DATE ADDRESS LEGISTRARY SIENATURE



FOR STATE? HEALTH DEPT.

please execute the certificate, writing the word "ending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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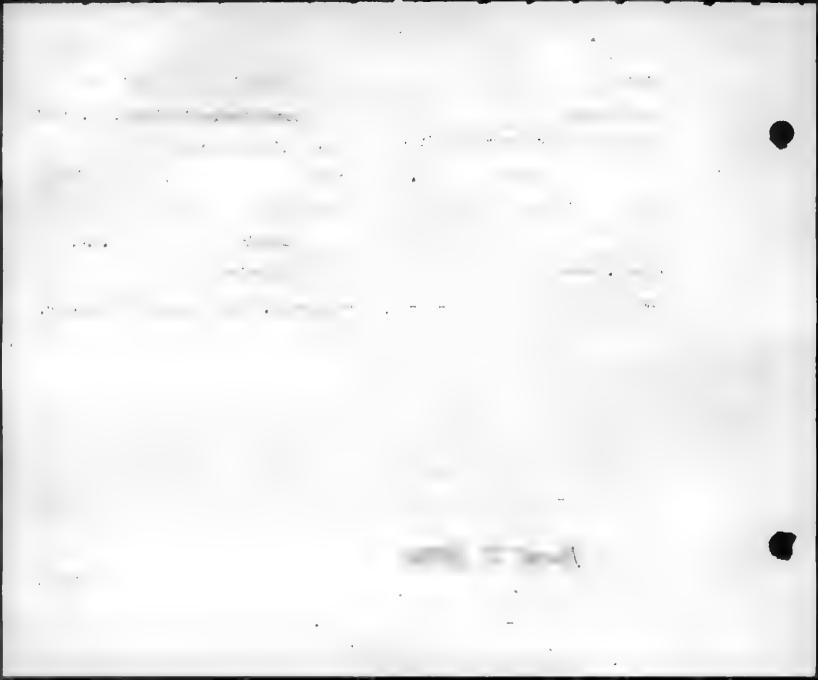
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEATH	Н			2. USUAL RESIDEN					e admission)
1	Baltimore			***************************************	a, STATE Maryl	and	b. coun	timore	•	
-			te limits.	MARYLAND I. C. LENGTH OF STAY IN 11	c. CITY DR TOWN (I	f outside core				erest town)
Ι,	Write RURAL	N (if outside corpora and give nearest tov	vn)	1.3					_	
	Randallst			5章 years			g Baltimo	re, m		207
١.	d. NAME OF HO	SPITAL OR INSTITUTE	ON (If not in h	ospital, give street address	d. STREET ADDRESS	1	P	-/	a. IS F	RESIDENCE A FARM?
1	Darraria	County Ge	uerar u	osbrear	Box 148 C)ld Cou	rt Rd		YES [
3.	NAME OF	F	Irst	Middle	Last	4. DATE	Month		Day	Year
	(Type or print)	Blend	y	M.	Lents	OF DEATH	Jan	28	196	6
5.	SEX	6. COLDR DR RACE	T MADDIED	T NEWS MARRIED TO	8. DATE OF BIRTH	19.	AGE (In years)	EUNDER LY		
1	Male	White		NEVER MARRIED	May 20 193	-	lest pirthday)	Months De		
			WIDOWED				yrs.			
qn	a. USUAL OCCUPATION IN THE RESERVE OF THE RESERVE O	ION (Give kind of work ing life, even if retire	done 10b. K	IND DF BUSINESS OR NDUSTRY	11. BIRTHPLACE (gn country)	12. CITIZ	ZEN OF WI	IAI
		•,			Virgi	nia		U.S	.A.	
	. FATHER'S NAM				14. MOTHER'S MAI	DEN NAME				
	John W. 1	Lentz			Hazel :	Shipe				
15	. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES? 18.	SOCIAL SECURITY NO. 17	. INFORMANT		Addres	\$		
(Y	es, no, or unkown)	(If yes give war or dates	of some long t	6-20-075016	(D)1 (I	T	D 214			
-				.6-30-9759 M	LE THOUSE C.	Lentz	BOX 148			
				ina for (a), (b), and (c).]					ONSET AN	BETWEEN ID DEATH
	PARTEDI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Ac	ute Intracr	anial hema	toma				hrs
	110	DUE	TO							
	Conditions, if			ctured skul	1					
	gava risa to		(-).							
	cause (a), si undarlying caus	rariuff rue [uck on head	hu thee 1	ร์ พไร				
Z			377	JTING TO DEATH BUT NOT RE			OTTION GIVEN IN E	PART I/A)	19. WAS	AUTOPSY
12	THAT THE OTHER	SIGITI TORIT CONDITT	ons continu	TIMO TO DEATH BUT NOT RE	CALED IN THE FERMINAL	DISEASE GOIL	DISTORUTE DI TIET	7111 2(0)	PERI	FDRMED?
WEDICAL CERTIFICATION									YES	NO
ΙË	20a. EXTERNA	L CAUSE WAS	20b.	DESCRIBE HOW INJURY OC	CURRED. (Enter nature o	of Injury In Pa	irt I or Pert II of	Item 18.)	*	
18	CAUSE DE DEAT	CONTRIBUTING []	Wor	king et loc	roing oners	ation	and tre	e fel	1 on	hoo
묽	20c. TIME OF	INJURY Month, Day,	Year 20d. I	king at log	LACE OF THILIRY (Home, I	farm, 20f.	(City or town)	(Count)	у)	(State)
lă.	12Noon	n. 1-19 19	66 While		tory, street, office bidg.,		dallsto	m Ro	7+0	MA
2										
			_	nains described above, i		Inspection		·	and In II	ny opinion
	death result	ed from: Natura	causes	, Accident $[X]$, S	Buicide 🔲, Homic	ide [_],	Undetermined	manner _		
		h -		1	CHIEF MEDICA	AL EXAMINER				
	ACTUAL SIGNATURE	Marto.	6. 0	Tarvay	M.D., ASSISTANT ME				22. DA	TE SIGNED
	everusente :				tantperury MEDI	CAL EXAMINE	R 🎦		1/2	1
	EXAMINER'S NAME (Type)	Martin E.	Strol	pel, M.D.	Address (Stree	et, city, town,	or county)		141	166
23	BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF CEMETE			CATION (City, to	wn or count	y) /	(State)
	REMDYAL (Spe	1-22	4.4						**	3/6-3
2/	Burial DIRE		-00	Lvergreen ADDRESS -	Mellia, Garde	EC'D BY REGIS	IKSOUP STRART 25b. RE	GISTRAR'S	SIGNATUR	Md.
1 "	A CHILDRE PINE	///	677	ADDRESS	K of 111	1 0 4	STRAR 25b. RE	A CONTRACTOR	2	

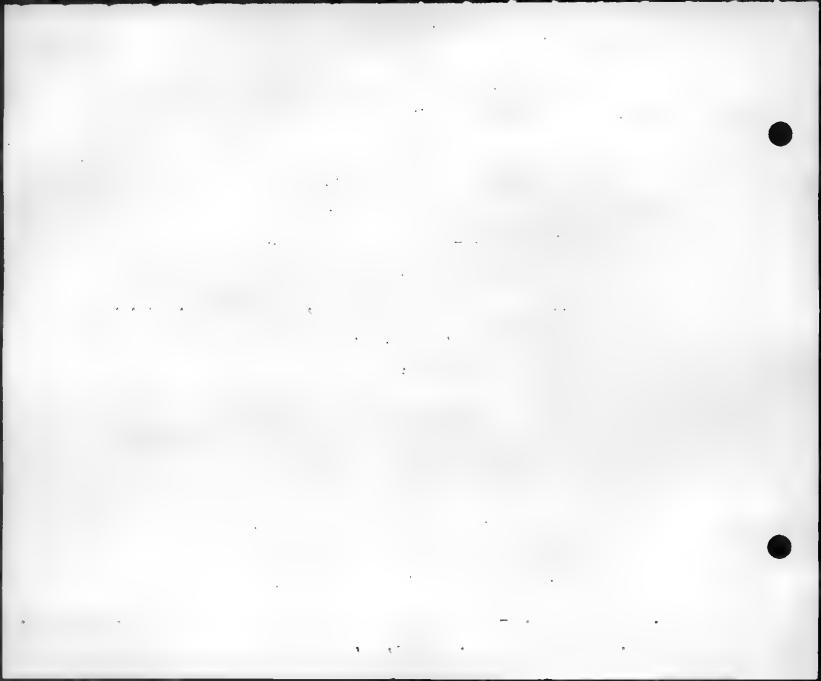
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and-2 death. PLACE OF DEATH after de∎th. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the figers and after one after on Baltimore Baltimore the MARYLAND Maryland Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate rimits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b OURS Hrs. ? Baltimore 21221 Towson-Baltimore e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS DN A FARM? ND DOK 308 Lambson Court Joseph Hospital within etely NAME OF DATE Year Last Month DECEASED DF DEATH 1966 (Type or print) Leonardi Gina emecuted 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH NEVER MARRIED DC last birthday) Months Days Hours | remov 1-4-66 any WIDDWED DIVORCED [White Female 6 12. CITIZEN OF WHAT ease re and in 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician en please r during most of working life, even if retired) CDUNTRY? INDUSTRY Baltimore, Maryland curtificate 14. MOTHER'S MAIDEN NAME removal, 13. FATHER'S NAME attending parmit. Then Dollar, Lorraine Elizabeth Leonardi, Frank Kenneth 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT the atten it permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) Father, Frank Leonardi, #2,a,b,c,d. No cremation, None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH been signed by I the burial-transit or to burial, crema Š PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral pneumonia or attending physician. 165 DUE TO Conditions, If any, which Prematurity gave rise to immediate DUE TO cause (a), stating the underlying cause last. has NO WAS AUTDPSY PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health p r this certificate h detached for use te Dept. of Health i PERFORMED? CERTIFICAT YES TO NO T 20a. ACCIDENT WAS UNDERLYING TO DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part I or Part II of Item 18.) MEDICAL (State) 2Df. (City or town) (County) 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. **Not While** at work at work 19 66 to retained 19 66, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 2:50 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a, SIGNATURE pe TO FUNERAL DIRE
director, page 3
should be filed v ATTENDING PHYS. STAFF PHYS. 1/5/66 DIRECTOR 4 may **MOSPITAL** ADDRESS PHYSICIAN'S 22d. D.R. Govinda Rao. M.D. NAME (Type) York Rd., Baltimore, Md. 21204 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Washington Blvd. Dorsey. Jan. 7-1966 Meadowridge Memorial 24. FUNERAL DIRECTOR ADDRESS 25a. JOHN J. DUDA 7922 Wise Ave. Dundalk. Md. 21222 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) e. COUNTY Md b. COUNTY Balto. by the 1 MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville 28 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours Catonsville filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Ridgeway Manor. 5743 Edmondson Ave. 4 Dungarrie NO etely rbon NAME OF DATE Month Year DECEASED DEATH Jan Peter (Type or print) A. LeSage 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | FUNDER 24 HRS DATE OF BIRTH 7. MARRIED NEVER MARRIED and in any Male Devs 26, 1889 MIDOWED DIVORCED I physician a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? INDUSTRY New Hampshire attending physicians. Then ple on or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LeSage Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Son been signed by the attenthe burial-transit permit. (Yes, no, or unkown) 1(If yes pive war or dates of service) LeSage, 4 080056534 Dungarrie Rd INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (e), stating the as the detached for use as the Dept, of Health prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO L 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm. (County) (State) factory, street, affice bing., etc Hour e.m. After Not While at work at work TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that de th occurred atax M. from the causes and on the date stated above 22a. SIGNATURE DIRECTOR 22d. PHYSICIAN'S NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) 23b. CEMETERY OR CREMATORY LOCATION (City, town or county) Rensselaer Removal Sepulchre 256, REGISTRAR'S SIGNATURE

VR A15 (4) 15M 4-64

hours after death.

The law requires that the death certificate be executed within

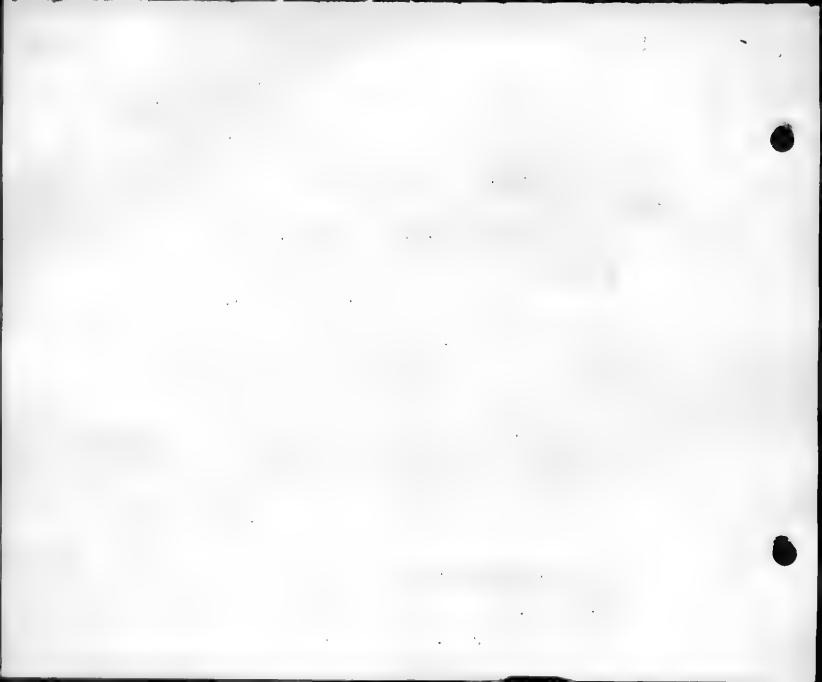


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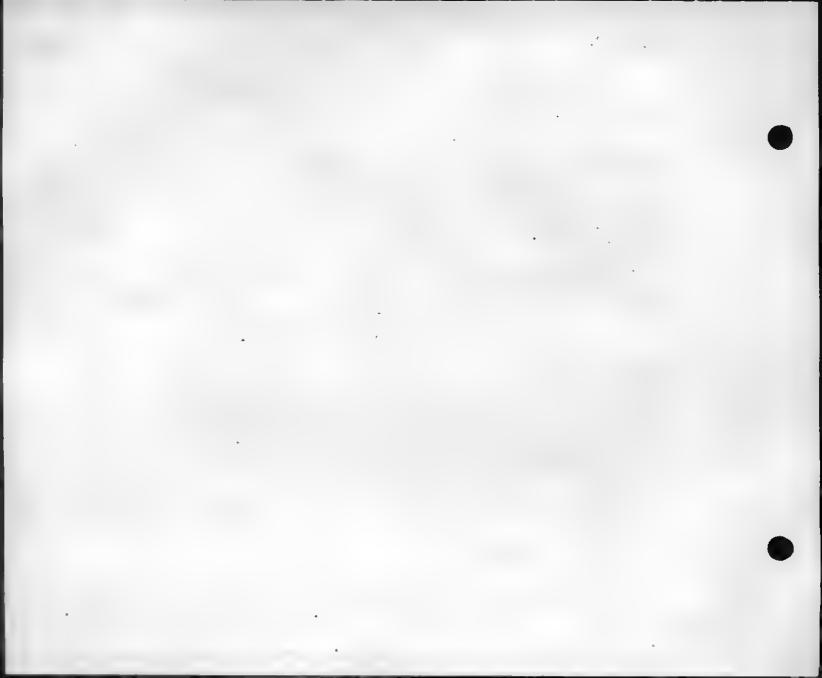
	MARYLAND	STATE	DEPAR	TMENT	OF !	HEALT
DIVISION OF STATISTICAL	RESEARCH AL	ND RECO	RDS 301	W PRES	MOT	STREE

	MARILAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE 1. MARYLAND
กกรรณ	OFFICIATE OF PEATH	41405
nanna a	CERTIFICATE OF DEATH	00251

1	- 0				
1. PLACE OF BEATH 2. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, it institution: Residence before admission) a. STATE b. COUNTY				
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) PIKES VILLE	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE (PIKES VI LLE)				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE				
2218 FARRINGDON ROAD	2218 FARRINDON ROAD ON A FARM? YES NO YES NO YES				
3. NAME DF First Middle DECEASED (Type or print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	LESSNER DEATH JANUARY 24 1966				
5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED DIVORCED X	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CASHIER 10b. KIND OF BUSINESS OR INDUSTRY RETAIL	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? BALTIMORE, MARY LAND USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
HERMAN WEINER	DORA MEYERS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. (Yes, no, er, nekown) (If yes give war or dates of service) MRS	• ROZLYN ROSENBERG 222 SAME				
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY.	ONSET AND DEATH				
DUE TO	The state of the s				
Conditions, If any, which) (b) Wills MSCLES	Kotio Hear Researce Hears				
gave rise to immediate cause (a), stating the DUE TD					
underlying cause last. (c)					
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTRELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
Maletes	YES NO				
G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part i or Part ii of Item 18.)				
3 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)				
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI factor 20c. PLAI 20c. PLAI	ry, street, office bldg., etc.)				
21. I certify that (I) (this hosoital) attended the deceased from	1960 to present 19 that (1) (we) last				
saw the deceased alive on Jan 22 1966, and that death occurred at AM, from the causes and on the date stated above.					
22a. SIGNATURE 22b. DATE SIGNED					
Dernard Buren M.D					
22c. PHYSICIAN'S NAME (Type) DR. BERNARD BERGIN (BURGIN	6721 Keisterstown Rd. Balts, 15				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL (Specify) 1/25/66 CHIZUK AMUNO	OR CREMATORY 23d. LOCATION (City, town or county) (State) (ARLINGTON) BALTIMORE, MARY LAND				
24. FUNERAL DIRECTOR SOL LEVINSON & BROS. INC. 6010 REISTER	STOWN 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
a may although a Millian stranger of the second	RD DATAN 20 1966 2 walks I want				



1	MARYLAND STATE DEPARTMENT OF HEALTH OUVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND				
H BNE	0007	RTIFICATE OF DEATH	00352		
hours after death. d in by the funeral rs. Pages 1 and 2 hours after death.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institute a. STATE b. COUNTY			
after the ges 1 after	b. CIPY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	MARYLAND OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write	RURAL end give nearest town)		
ours in by Pag hours	RURUR - WOODEAWN 6 Y	EARS. RURAL - WOL	DLAWN 1		
filled appers	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital), give	e street address) d. STREET ADDRESS 3/2/ RES	8. IS RESIDENCE DN A FARM?		
ithin etely bon withi	3. NAME DF First M. DECEASED	Iddle Last 4. DATE Month	Day Year		
ed w comple e car	5. SEX 6. COLDR OF RACE 7. MARRIED THEYER	MARRIED 8. DATE OF BIRTH 9. AGE (In years IF	19 6 6 UNDER 1 YEAR IF UNDER 24 HRS.		
executed within and completely remove carbon any event, with	M WIDOWED (OIVORCEO AUC 2, 1914 Strinday) M	onths Days Hours Min.		
ase India	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RECTAL RANTEER	URANT BRITHPLACE (County & State, of foreign country)	12. CITIZEN OF WHAT COUNTRY?		
phys phys n ple wal, a	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0701/1		
ath certificate be executed within 24 hours after attending physician and completely filled in by the firmit. Then please remove carbon papers. Pages 1 n, or removal, and in any event, within 72 hours after	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SEC	URITY NO. 17. INFORMANT , Address	ecconnik - estes		
law requires that the death certificate trending physician. I has been signed by the attending physics as the burial-transit permit. Then prior to burial, cremation, or removal,	(Yes, po, or unknown) (If yes give war or dates of service) NORLY WAR TH 2-13-04	7-8416 WIFE MAS FRANCES LEVE			
the d by the nsit p emati	18. CAUSE OF DEATH [Enter only one cause per line for (a), (I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	b), and (c). I	INTERVAL BETWEEN ONSET AND DEATH		
that siciar gned al-tra	4 20 / DUE TD	777 777 777 2017 2015	3/6//		
quires Ig phy en si e bur co bur	conditions, if any, which gave rise to immediate cause (a), stating the DUE TO				
w rectending as per as the sprior t	underlying cause last. (c)		THE PROPERTY OF THE PARTY OF TH		
The or a ate use use	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
PHYSICIAN: The hospital this certific detached for E Dept. of He	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOOF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of I	item 18.)		
PHYSICIAN: the hospital this certifi detached fo		URREO 200. PLACE OF INJURY (Home, farm, 20f. (City or town)	(Gounty) (State)		
NG PI by th fter t be de State	ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCU Hour a.m. While Not Wh p.m. 19 at work at work	rk			
ained OR: A Ould	21. I certify that (I) (this hospital) attended the dec	ceased from 12 /2 1933 to VR M. \$, 19 6, that (I) Liwe) last		
RECT SE	22a. SIGNATURE		22b. DATE SIGNED		
TAL OF TAL DISAL D	22c. PHYSICIAN'S	M.O. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADORESS			
TO HOSPITAL OR ATTENDING F Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State	NAME (Type) WIN L. P/ERPO/ 23a. BURIAL CREMATION, 23b. DATE THEREOF 1 23c. NAI	MT, MO. 8204 LIBERTY RL BAL ME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town			
5 5 5 5 5 S	REPRESENTED 1/11/66 Lake	e View Men. Cem. Carroll Cov	unty Md.		
VR A15 (4)	J.T.Stansbury 6411 Windsor	M177 pa 149 4 0	ISTRAR'S SIGNATURE		
15M 4-64		MITTI RG. SAN I U 1956	see a free in		



MARYLAND STATE DEPARTMENT OF HEALTH

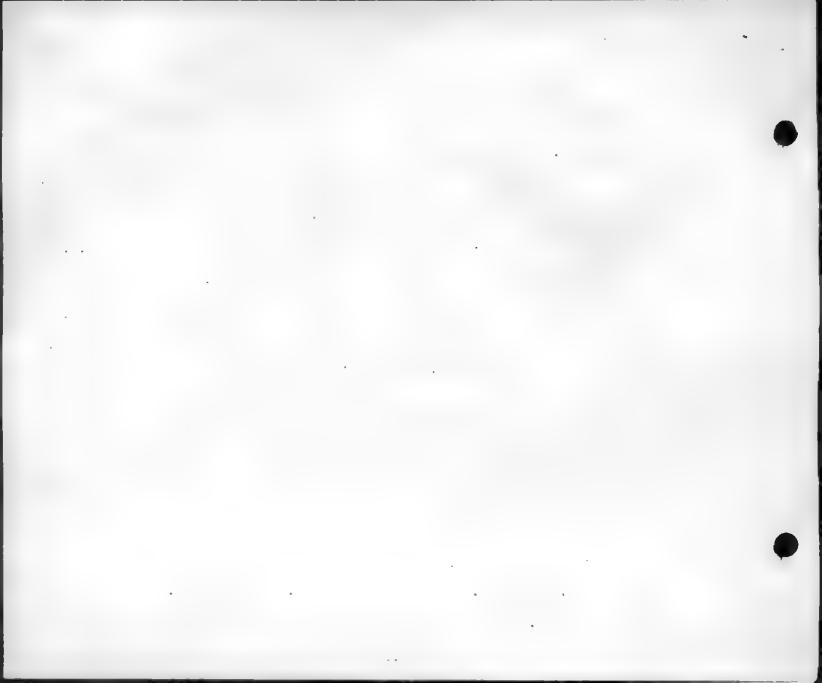
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

00360

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00353

EALTH	DEPT.		PLACE OF DEATH		2 USUAL RESIDENCE (W	here deceased lived, if institu	ution Residence	a before admission)
ay is 3 to Poge	io t		a COUNTY Baltimore MARYLAND		d STATE Md. b COUNTY Baltimore			
	deat		b CIY OR TOWN (If outside corporate limits, c LENGTH OF STAY N	₹ Ib	c CITY OR TOWN (f aut	s de carparate limits, write Ri	JRAL and give	nearest tawn)
y delly and P.M3.	partm after		Randallstown DOA		Randallstewn U1			
22	o o o	3	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)		d STREET ADDRESS			e IS RESIDENCE ON A FARM?
es farr	ate Department naurs after dea		Baltimore Co. General Hospital		8602 Gray	Fox RdApt	. 201	YES NO
Give Pages ang with fai	73	3.	NAME OF First Middle DECEASED		last	4. DATE Mor	ath	Day Year
er d Sive			(Type or print) Irene Ida		Levy	DEATH Ja		3 1966
arrer 8. Give alang	¥ ×		SEX 6 COLOR OR RACE 7 MARRIED NEVER MARR ED	4	8 DATE OF B RTH	9 AGE (In years	IF UNDER I	YEAR IF UNDER 24 HR Days Hours Min
nauns tem 18 Office (-		emale White WIDOWED K D VORCED		Dec. 25, 190	15 60 Yrs		
haurs Item 1 Office	land 2 event	dur	JSUAL OCCUPATION (Give kind of work dane in propost of work and its, even fretired) HOUSEWITE HOUSEWITE		11 BIRTHPLACE (State of	ir fareign country)	12 CIT COU	ZEN OF WHAT JNTRY?
\$ E S	ges any			. 7	Peland			U.S.A.
penc.l	pages in any	13.	FATHERS NAME Michael Davis		14. MOTHER'S MAIDEN N.			
d e ar		16		1 12 1	Rese Mirte			
		[Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 16 SOCIAL SECURITY NO. 215-01-9491		NFORMANT	Add		
nding" Medical	erm			Sey	mour Davis,	4534 Finney A	ve., B	
ex end f Me	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Acute Pulmonary Oedema					INTERVAL BETWEEN		
<u> </u>						ONSET AND DEATH		
word the Ch	ion.		Conditions if any which gave > DUE TO Arteriosclerat	ic C	-V Disease			1 yr
و ہو خ	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause					I yr		
9 th	s a		stoting the underlying cause last. (c)					
writing the rwarded to	used as burial, (PART II OTHER S GNIFICANT CONDITIONS CONTR BUT NG TO DEATH BUT NOT RELA	TED TO T	THE TERM HAL DISEASE CONT	TION CIVEN IN DART 1/->		19 WAS AUTOPSY
		NO.	TAKE II OTHER SOME CONDITIONS CONTRIBET IN DEATH BUT NOT KEEN	TED TO T	ITE TERMINAL DISEASE CONL	FION GIVEN IN PART I(d)		PERFORMED?
inis icate, be fo	9 c		20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OF	Chaben ((Enter paties of invest a P.	art Lar Part II of day 181		YES NO
= PRIMARY □ or CONTRIBUTING □					(cire) haible or highly him	an t ar ran ii or nem 16 j		
ne k	short short	₹ S	110110	20e P. AC	CE OF INJURY (Home, farm,	20f (City or town)	(Cour	nty) (State)
4 4	our Jage 3 ager	MED	Hour a.m. While - Nat While -	facto	ory, street, office bldg., etc.)	(40)	(-00	(3.414)
	O 70		21. I certify that I tack charge of the remains described about	ava bal	let am Automore [7]	do-cation 🗔 do-		. 1
execut or. Pag	erained for y DIRECTOR: Po s designated		death resulted from Natural causes X . Accident				Jury 🗶 ,	ond in my opinio
lease e	arned IRECI desig		dean resorted from Moraldi Cabses (x), Accident [],	3010	CHIEF MEDICAL E	, Undetermined n	nonner	
dire	L DIR		ACTUAL DEPARTER		100.074.17 147.10	AL EXAMINER		22. DATE SIGNED
1 2 2	RAL or it		SIGNATURE ALL NO SAGE CONTROL S		IN D	EXAMINER 3		
Ssory, funeral	FUNERAL Beath or its		NAME (Type) D. D. Caples, M. D.	Hano		isterstown, M	d.	1-3-66
netessory, the funera	o may TO FUNE Health	230	BURIA., CREMATION, 236 DATE THEREOF 23c. NAME OF CEMET	TERY OR C	CREMATORY	23d LOCATION (City or To	awn) ((County) (State)
				da A	nshe Kurland	Baltimore		Md.
V9	AISME (SIT	24 S	FUNERAL DIRECTOR ADDRESS	L.G.	2Sa. REC D	4	EGISTRAR'S SIG	
6	W 1/99		ol Levenson & Bres. 6010 Reisterstow Balto., M	d. Kd	DATA N	4 1966 9	Linglay	1 I what



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH CERTIFICATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY b. COUNTY MARYLAND pue b. CIFYLOR TOWN (if outside corporate limits, é c. LENGTH OF STAY IN 16 c. CFK OR TOWN (IP putside corporate limits, write RURAL and give negrest town) were RURAL and give negrest down) Pages filled NAME OF HOSPITAL OR THISTITUTION (If not in hospitel, give street eddress) IS RESIDENCE ON A FARM YES T apers 72 ho NO Middle DATE NAME OF Month DECEASED OF pa (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In yours IF UNDER I YEAR) IF UNDER 24 HRS. lest birthday) Months Days Min. WIDOWED [DIVORCED Zes. USUAL OCCUPATION (Give kind of work 12. CHIZEN OF WHAT COUNTRY? 10e. 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Obunty & State, or foation country) physici remot puring mast of working life, even if retired) attending ph Then please 13. EATHER'S NAME 14. MOTHER'S MATDEN NAME oval 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.4-17. Address (Yes, no, or unkown) | (Hyesgive war or deter of service) permit. þ 18. CAUSE OF DEATH |Enter only one cause por line for (a), (b), and (c) ទ signed PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediate couse DUE TO (a), stelling the underlying couse dest. PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(b) | 19. WAS AUTOPSY 80 CERTIFICATION PERFORMED? ₩S. prior YES NO C is of COMENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH R: After this detached fo WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stein) Month, Day, Year ŏ, factory, street, office bldg., etc.) While Not While CIOR et work | St Work 19 21. I cortify that (I) (this hospital) attended the deceased from..... O DIRE and that death occurred and M, from the causes and on the date stated above. the deceased alive on 220 /SIGNATURE ATTENDING MED. STAFF SIGNED death. Page 4

TO FUNERAL.
director, page 3

be filed with th PHYS. DIRECTOR PHYS. HOSPITAL M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. AOCATION (City, lown or county) (State) KEMOVAL (Specify) TILAK 24 FUNERAL DIRECTOR'S SUSMATURE REC'D BY, REGISTRAR VR A15 (4) 20M S-63



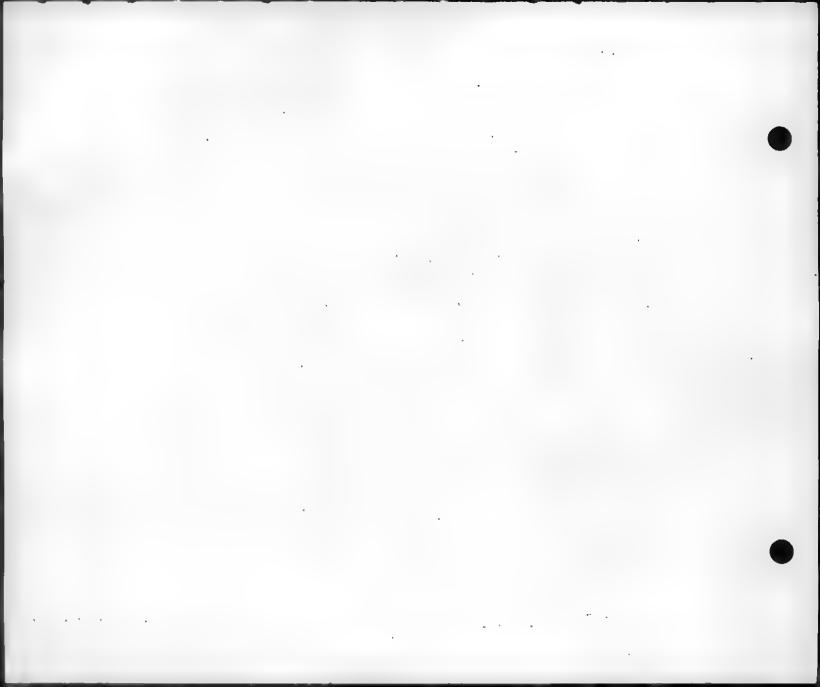


					
		MARYLAND S	TATE DEPARTMENT O	OF HEALTH	
	DIVISION OF ST	TATISTICAL RESEARCH AND	RECORDS, 301 W. PREST	TON STREET, BALTIMORE	1, MARYLAND
	00363	CER'	TIFICATE OF DEAT	TH	00256
_					

	บบองอ	CERTIFICATI	OF DEATH		
1.	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, If Institution: F	Residence before admission)
	a. COUNTY P n/		a. STATE	b. COUNTY	w.A.
	() HITIMORE	MARYLAND	11/414	11400	
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If oft	side corporate limits, write RURAL	and give nearest town)
	CATONSVILLE		13214	insore	·i
-	d. NAME OF HOSPITAL OR INSTITUTION (IF not in ho	spital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
<	ha Guna At ha	11-11-6-1	1112 2 111 6	off. or of	ON A FARM?
_	pring arma such 1	102 billi	1450 N. 19	altinine ST	YES NO
3.	HAME OF PIRST	Middle	Last 4.		Day Year
	(Type or print)	Sidney	LUCAS	DF DEATH	8 19 66
5.	SEX 6. COLOR OR RACE 7. MARRIED		B. DATE OF BIRTH	9. AGE (In years IF UNDER	
	M Milling a managed	I HEVER MARKIED	(5 1 11	last birthday) Months	Days Hours Min.
	MIDOWED [DIVORCED	9-1-11	5 4 yrs. 3	8 12 50
10:		ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County		ITIZEN OF WHAT
1		DOSIKI	Vie	SINIA	4.5.
13	FATHER'S NAME Mother	e Walden name	14. MOTHER'S MAIDEN		
-	11001101		7 ~	/ //	
	H. B. LUCAS (Ici	e Snider)	LLA	- GOlbond	, UA.
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Sees, no, or unknown) (11 yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	1 11 1 7
1 .		3-12-2415 Re	colds: Spai	ng Come Stak	to stospilal
14	77		Calle Ober		I INTERVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per lin		Un + E	ai lean	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	N90stille	MARIE FI	111416	4hrs.
	491X DUE TO -	T.		4	
	Conditions If any which }	Ronches	BAP IIMO	0113	Saays.
	gave rise to immediate	Ji-Un Circ	7776 7017101	<u> </u>	
	cause (a), stating the DUE TO				
_	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
18					YES NO NO
Ē	20a, ACCIDENT WAS UNDERLYING 20b. D	ECOPIRE NOW INITIDY OCCU	PPED (Enter nature of Int	ury in Part I or Part II of Item 18	
1	OR CONTRIBUTING (T) CAUSE OF DEATH	ESCRIBE HOW HISTORY OCCO	KVED' (Clifet lighte of til	ally in rate i or rate ii or item 20	1-1
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. IN		CE OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (State)
â	Hour a.m. While	- NOT WHILE -	ry, street, office bldg., etc.)		
≥	p.m. 19 at work			C . /2	((- 11 1 12 1 2 1 1
	21. I certify that (I) (this hospital) attende	d the deceased from	cember 30, 196.	5 to snuay 8, 190	≤ ← that (I) (we) last
	saw the deceased alive on ANUNTY	5 19.66, and that	death occurred at/2:53	AM, from the causes and on t	
	22a. SIGNATURE				DATE SIGNED
	Allers Do build	MAN (M.D	ATTENDING MED	ECTOR PHYS.	8/66
	22c. PHYSICIAN'S	The second second	22d. ADDRESS		. / /
	NAME (Type) NARCISTU.	CAR MADNE	2 SDRING	GROVE HOUR	1701
-	7777-0750	CITICIVIONI		201 1000710	101-62
23.	a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Interment on	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town/or co	ounty) (State)
	Removal Jan 12 1966	Sniders Ceme		Golbond, Va. Gile	es Co. Va.
24		ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE
	Eastone Francial Hon	ie Patousvil	C. Mer LAN	13 1966 Mclimit	es ludge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by scian and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 20M 1/65



VR A15 (4) 20M 1/65

	DIVISIO	N OF STATISTIC		LAND STATE DE				E 1, MAI	RYLAND
	00364			CERTIFICAT	E OF DEATH	ł			0.257
1,	PLACE DF DEAT	Haltimo	ore	MARYLAND*	a. STATE	CE (Where or ryland	h collain	1	dence before admission)
		N (if outside corpora and give nearest tov ings hills	te limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside .ce		RURAL an	
	d. NAME OF HO	SPITAL OR INSTITUTIO	N (If not In hos	pital, give street address)	d. STREET ADDRESS				9. IS RESIDENCE ON A FARM?
	Rosew	ood State I	lospital		8530 Water	r Oak	Road		YES NO W
3.	NAME DF DECEASED (Type or print)		rst chard	Middle Norbert	Last	4. DATE	Month H January	10	Day Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRIED		8. DATE OF BIRTH		ACE (In years 16	UNDER 1 Y	EAR FUNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED _	8-1-65		last birthday)	onths Da	ys Hours Min.
10a dur	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR library								
12	FATHER'S NAM	e		spinit spinits	1 Laltimon	re, I.a	aryland		3.A.
13,		rbert Luke:	1		14. MOTHER'S MAID	DEN NAME	(arol H.	Zie	hl
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16. SC	OCIAL SECURITY NO. 17.	INFORMANT		Address		
	no			none	Rosewood Rug	cords	Owings Mi	lls.	Nd.21117
	PART 1. DE	DEATH (Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(a) Cyan	^	enital Her	art	diseas	1 ;	ONSET AND DEATH
7	Conditions, If gave rise to cause (a), si underlying caus	Immediate tating the last.	(c) 6PA	neliop M	eumon		freel		
CERTIFICATION		WAS UNDERLYING THE NEED TO BE A STORY OF DEA		SCRIBE HOW INJURY OCC			NDITION GIVEN IN PA		PERFORMED? YES NO
CER	OR CONTRIBUTI	NG □ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)						
MEDICAL	20c. TIME OF I		Year 2Dd. INJ While at work	URY OCCURRED 20e. PLA facto at work	GE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f.	(City or town)	(County	(State)
-			ital) attended	the deserved from 17	2-17-65,19	9 tr	1-10-66	. 19	, that All (we) last
		ceased alive on	1-10	19.66, and tha	t death occurred at	<u> </u>	rom the causes an	d on the	
	Bolob		Acco	1300 M.	D. PHYS.	MED. Director	STAFF PHYS.	1-1	11-66
	22c. PHYSICIA NAME (T)	am a l	ara W.	Hudson, M.D.	22d. ADDRESS	Roseu	wood Stat	e Ho.	spital
23a	BURIAL, CREM	ATION, 23b. DATE	1//	23c. NAME OF CEMETER	/ /	23d. I	LOCATION (City, town	or county	(State)
24	24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Ind. 21214 DATAN 17 1966 House								

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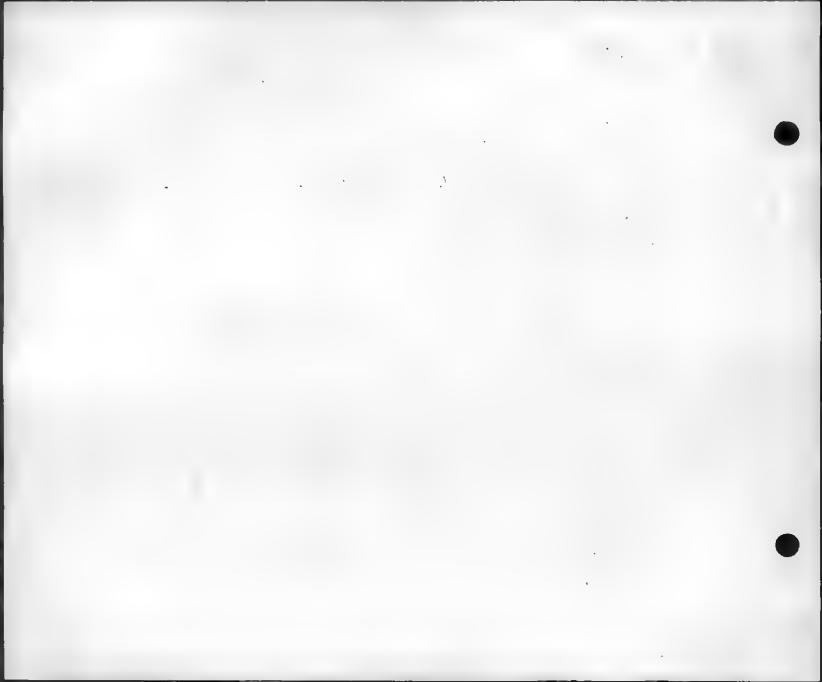


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission o. COUNTY b. COUNTY P.M3. Page ALTO. partment of MARYLAND da|av and 3 b (ITY OR TOWN (f outside corporate limits, CLENGTH OF STAY N Ib c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn write RURAL and give nearest town) MIDDLE KIVER MIDDLE d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) e IS RES DENCE ON A FARM? 810K WILSON POINT WILSON HOINT 3 NAME OF Middie OF DEATH JAHUARY - 20 -DECEASED MACIVER (Type or print) 5 SEX 6 COLOR OR RACE 9 AGE { n years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED lost buthdoy) FER-18-1893 WIDOWED DIVORCED event and 100 USUA, OCC. PATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working the even diretized) INDUSTRY COUNTRY? NEW JERSEY dny pages In any Chief Medical Examiner 13 FATHER'S NAME 14. MOTHER'S MA DEN NAMI in pencil MACIVER UNK. F.le and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOC AL SECURITY NO 17 INFORMANT executed "pending" (Yes, no, or unknown) I(If yes give wor or dates of service) remayal 091-01-6861 HOWARD R. MACIVER- 1909 WILSON PT. RO 18. CAUSE OF DEATH (Enter only one couse per line for NTERVAL BETWEEN burial-trans.t ONSET AND DEATH PART I. DEATH WAS CAUSED BY g IMMEDIATE CAUSE (d This certificate should e, writing the word forworded to the Ci crematian, DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 łast burial, PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS) PERFORMED? CERTIFICAT NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OF FURRED hature of injury in Port I or Port I of item 18) priar Enter 3 shauld shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20c. TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) Hour om. foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page Page . of work at work please execute Heath ar its designated 21. I certify that I took charge of the remains described above, he'd an Autopsy Inspection 1 Inquiry [and in my opinion the funeral director death resulted from Natura causes Accident . Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MED CAL EXAM NER **EXAMINER'S** Address (Spee), As town for powny) to In NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o. BUR AL, CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) 50 BURIAL (Specify) JAN. 24-1966 BALTO NATL. CEMETERY BALTO. 24. FUNERAL DIRECTOR REC D BY REGISTRAR 25b REGISTRAR SUBIGNATURE

OHNELLY FUNERAL HOME-300 MACE MA

VR A 15ME (5)

6M 1766



TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate, be executed within 24 hours after death.

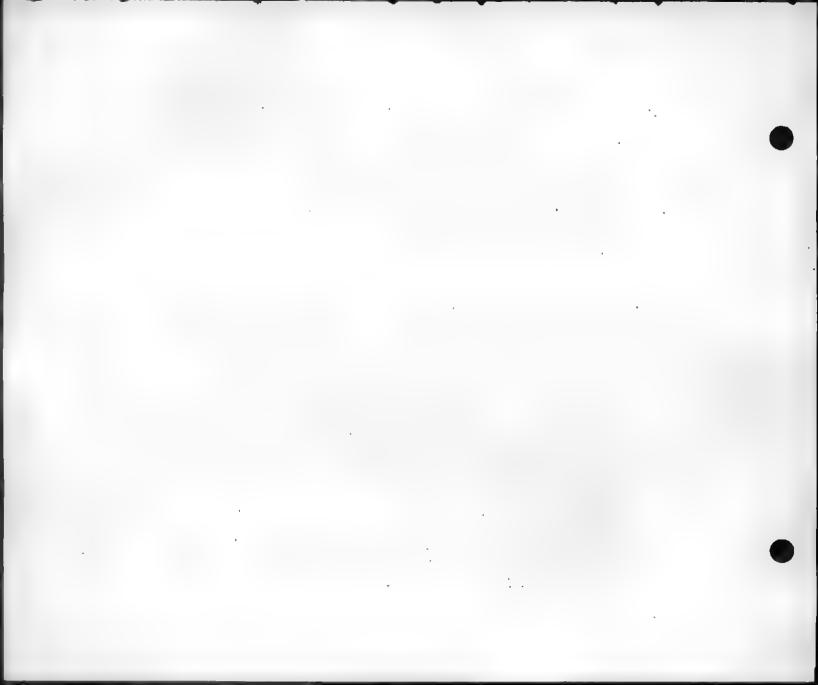
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits, write RURAL and give nearest town) (attended to provide limits) (attende	1.	a. COUNTY					2. USUAL a. STAT				ed, If inst b. COUN		sidence before a	idmission)
d. TAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SPRING GROVE STATE HOS/ITAL 16. STREET ADDRESS ON A FRANK! First Middle Last Maguire Magu	_							Marj				Dal		
d. TAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) SPRING GROVE STATE HOS/ITAL 16. STREET ADDRESS ON A FRANK! First Middle Last Maguire Magu		b. CITY OR TOW write RURAL	N (if outside corpora	te limits,	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If o	utside o	corporate II	mits, wri	e RURAL 4	ind give neare	st town)
SPRING GROVE STATE HOS_ITAL 1621 Rickenbacker fload Second S		Catonsvi	lle	,	6mth12dys			Essex	c, Ma	ar lai	nd ,	Seas	/	
SPRING GROVE STATE HOSPITAL 1621 Rickenbacker toad YES No 3. NAME OF DECEMBER First Middle Last A. DATE Month Day Year DECEMBER Month Day Year Month Day Year 15. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH January 11. 19. 66. 103. ISJAIA OCCUPATION (Give kind of work done Minute	-	d. NAME OF HOS	SPITAL OR INSTITUTION	ON (if not in ho	spital, give street a	ddress)	d. STREET	ADDRESS					e. IS RE	SIDENCE
DECASED (Type or print) Anna Maguire		SPRING	GROVE STA	TE HOS	SPITAL	Ì	1621	. Ricke	enba	cker i	toad			_
Type or print) Anna	3.			irst	Middle		Last			rE	Month		Day Ye	ar
Temale Wilder W	_	(Type or print)	Anna			Ma	guire		DEA	ATH	Janu	ary 1	4 19	66
10. SURID COLUMN 10. SURID COLUMN 10. SURID OF BUSINESS OR INDUSTRY 10. SURID COUNTRY 12. CITIZEN OF WHAT COUNTRY 10. SURID COUNTRY 12. CITIZEN OF WHAT COUNTRY 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or fereign country) 12. CITIZEN OF WHAT COUNTRY 13. BIRTHPLACE (Country & State, or fereign country) 14. MOTHER'S MAIDEN NAME UNKNOWN 14. MOTHER'S MAIDEN NAME UNKNOWN 14. MOTHER'S MAIDEN NAME UNKNOWN 15. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 16. SOCIAL SEC	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIEL	0 B	. DATE OF	BIRTH		9. AGE (I	n years	FUNDER 1		
103. USIAL OCCUPATION (Glye kind of work done during most of working life, even if retired) 103. STATER'S NAME 113. FATHER'S NAME 124. MOTHER'S MAIDEN NAME 125. WAS DECEASED EVER INU S. ARMED FORCES? 126. SOCIAL SECURITY NO. 17. INFORMANT 127. INFORMANT 128. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). I 129. ARTER'S CAUSE OS. STATE HOSPITAL 139. ARTER'S MAIDEN NAME 140. O DUE TO 140. O DUE TO 150. DUE TO 160. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 160. CONTRIBUTING TO CAUSE OF DEATH 170. OF INJURY MORIT, Day, Year HOUR THE CAUSE OF DEATH 170. O DUE TO				DIVORCE		Jan. 1	4, 188	38	78		yionins i	Days Hours	Milu.	
New Jersey U. S.	10 du	. USUAL OCCUPAT	ION (Give kind of work					ate, or foreig	n country)	12. CIT	IZEN OF WHA	T		
13. FATHER'S NAME UNKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] Arteriosclerosis, eneralized and severe ONSET AND DEATH (b) BUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 18.) While Not While at work at	"				New	Jerse	SA			U.	S.			
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Cause of Death (Enter only one cause per line for (a), (b), and (c).] 18. Cause of Death (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)							ur	known						
UNKNOWN Records: SPRI IG GRO/E STATE HOSPITAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. TIME OF INJURY Month, Day, Year While at work of factory, street, office bidg., etc.) 21. I certify that (7) (this hospital) attended the deceased from Jub 30 19.65 to Jan 11.19.66, that XI) (we) last saw the deceased alive on Jan 11.19.66, and that death occurred at 2.3 M, from the causes and on the date stated above. 22. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PROT I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PROT I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PROT I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PROT I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SIGNIFICANT CONDITIONS CONTRIBUTION ON THE CONTRIBU	1	. WAS DECEASED	EVER INU S. ARMED FO	ORCES? 16.	SOCIAL SECURITY NO	. 17.	INFORMANT				Addres	5		_
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20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm) 20f. (City or town) (County) (State) ### Hour a.m.	S		P-Park-Substantia		TING TO DEATH BUT N	OTRELA	TED TO THE T	ERMINAL DIS	SEASE C	ONDITION	IVENINE	ART 1(a)		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm) 20f. (City or town) (County) (State) ### Hour a.m.	Ę													
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm) 20f. (City or town) (County) (State) ### Hour a.m.	15	2D2 ACCIDENT	WAS HINDEDLYING					nature of I	nluzy In	Dart Lor	Part II of	Itom 12 1	1	NO E
21. I certify that A (this hospital) attended the deceased from Jul 30 , 19 65 to Jan. 14 19 66, that A) (we) last saw the deceased alive on Jan. 14 19 66, and that death occurred at 22 3 M, from the causes and on the date stated above. 22a. SIGNATURE 3. MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 120. 66 22c. PHYSICIAN'S 22d. ADDRESS SPRING GROVE STATE HOSFITAL	CERT	OR CONTRIBUTI (IF EITHER, NO	ING CAUSE OF DEA	NER)	LOCKIDE HOW INJUI	KI UUUU	KKED. (LIITE)	nature of t	11,017 111	1 1 41 1 1 1		reem zesy		
21. I certify that A (this hospital) attended the deceased from Jule 30 , 19 65 to Jan. 11; 19 66, that A) (we) last saw the deceased alive on Jan. 11; 19 66, and that death occurred at 2:30 M, from the causes and on the date stated above. 22a. SIGNATURE 3. MED. STAFF 22b. DATE SIGNED 22c. PHYSICIAN'S 1.2066 22c. PHYSICIAN'S 22d. ADDRESS SPRING GROVE STATE HOSFITAL	CAR	20c. TIME OF	INJURY Month, Day,	Year 2Dd. II	VURY OCCURRED 2	De. PLA	E OF INJURY	(Home, farr	m, 20f	. (City or	town)	(Cour	ity)	(State)
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22a. SIGNATURE Stulla Wallsler M.D. ATTENDING DIRECTOR PHYS. 22b. DATE SIGNED 1-26 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS SPRIG GROVE STATE HOSFI AL		21, I certif	A mar 44 mis une	Tan Th	to AA	nd that	doath oon	"T2	:30	from the	OBUEGE S	nd on th	C., LIIGE 447 (n. data etata	y spund
Sula Wachsler M.D. ATTENDING MED. STAFF 1-66 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS SPRIG GROVE STATE HOSFI AL	Saw the deceased anve on the date stated a saw the deceased and on the date stated a saw the deceased anve on the date stated a								O SPRAGE					
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NAME (Type)			IN'S	700000		(N.L/						STATE	HOSE	LTAL
Stella Wachsler, M. D. Baltimore, Haryland 21228														
22. DIRECT PERSONNELLE THEREOF 1.22 NAME OF PRINTING OF PRINTING ALL LOCATION (Clay four or pounts) (Class)	1 .						220 DUDISI PORMATION 22h DATE THEREOE 220 NAME OF CHIEFTEDY OF CREMATION 22d 10CATION (Claw Source of Council) (S246)							
Burial 1/22/66 Sacred Heart Cometery Dundalk, Md.	123	BURIAL CREM	ATION, 23b, DATE	THEREOF	23c. NAME OF CE	METERY	OR CREMATI	ORY	1 23d.	LOCATION	(City, to	ND OF COLL	nty) (S	tate)
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	23	BURIAL CREM	ATION, 23b. DATE									WN OF COU	nty) (S	itate)
*****	-	Burial (Spi	1/22/66		Sacred H			ery	Dur	ndalk,	Md.			itate)
Ulirich Funcral Home Dundalk, Md.		Burial FUNERAL DIRE	1/22/66 CTOR		Sacred H			ery	Dur D BY RE	ndalk,	Md. 25b. RE	GISTRAR'S	SIGNATURE	itate)

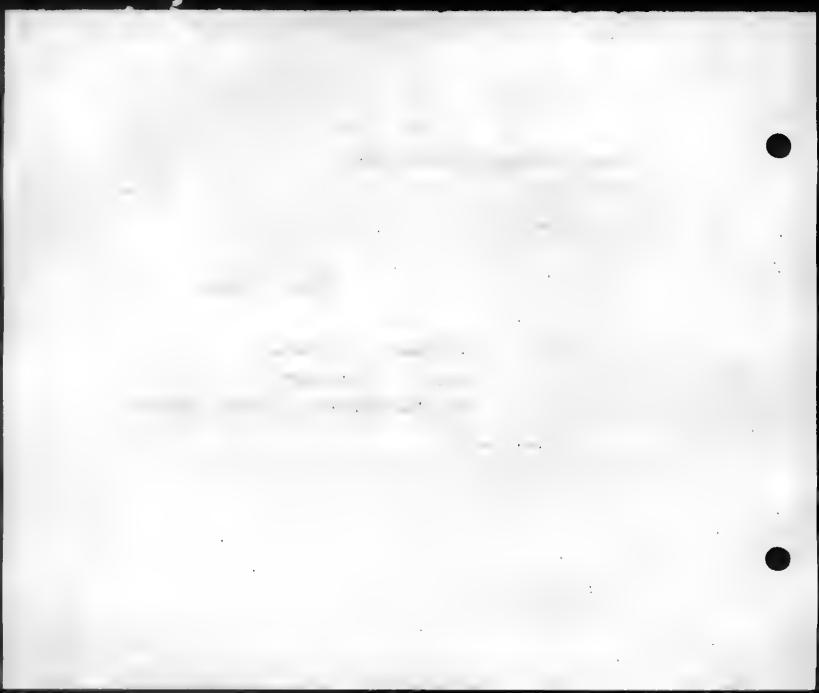
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Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pages remove carbon papers. Pages 1/ and 2 should be filled with the State Dept. of Health prior to burial, cremation, or remove and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 4 may be retained by the hospital or attending physician.

		00367 MARYLAND STATE DEF	PARTMENT OF HEALTH 6, 301 W. PRESTON STREET, BALTIMORE 1, N	IARYLAND				
. 1		I'em Al Infor. token from CERTIFICATE	E OF DEATH	00060				
`	1.	PLACE OF DEATH BALTIMORE	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)					
		1701 N. Charles St. LOWSON, MARYLAND	8. STATE MARYLAND B. COUNTY BE	thto.				
		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)				
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	MIDDLE KIVER ISA	e. IS RESIDENCE				
		C Bet Madin PT	468 WESTWAY NORTH	ON A FARM?				
	3.		Last 14. DATE Month	Day Year				
		(Type or print) BABY GIRL MAHON	DEATH Jamaies	11 19 66				
	5.		8. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HRS. Days Hours Min.				
·		+ Caw WIDOWED DIVORCED	1-11-66 yrs.	2 19				
	dui	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	CC	DUNTRY?				
	13	FATHER'S NAME	SALTO, IND U	5 A				
		MICHAEL MAHON	Joseph Christing MARIEL	// Din~le				
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17.	INFORMANT Address	y Shak and				
		es, no, or unkown) (If yes give war or dates of service) EW BORN N.B. N.B	Infant Chart					
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	,	INTERVAL BETWEEN				
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Candiac 1	a: lure					
		DUE TO GOLDON WHICH I	()					
		Conditions, If any, which gave rise to immediate (b) Sulfa (7) Course (2) challeng the DUE TO	min					
		cause (a), stating the underlying cause last. (c) Ry thro blas d	oris Fetalis, Seuere					
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
E.	FICA	Trenaturi by		YES NO				
	ERTI	20b. DESCRIBE HOW INJURY OCCUP OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRRED. (Enter nature of Injury In Part I or Part II of Item 18.	.)				
			CE OF INJURY (Home, farm, 20f. (City or town) (Cou	nty) (State)				
	MEDICAL	Hour a.m. While Not While factor	ry, street, office bldg., etc.)	(0.11.1)				
	65	21. I certify that (I) (this hospital) attended the deceased from	- 11 , 19 66 to 1 -11 , 196	that (1) (we) last				
			death occurred at 32 A.M. from the causes and on the					
		220. SIGNATURE	ATTENDING MED STAFF	ATE SIGNED				
1		22c. PHYSICIAN'S M.D.	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS	11-67.				
	_	NAME (Type)						
	23:	2. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cou	inty) (State)				
1	1 24	24/12/ Jan 12/66 108/all 11/8/	1 252. REC'D BY REGISTRAR I 25b. REGISTRAR	S SIGNATURE				
B	1	hasalan Flan' Home July Brokeni A	Pal patAN 17 1966 Jelinante					
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MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND STATE DEPARTMEN	T OF HEALTH	
STON	OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PR	ESTON STREET, BALT!	MORE 1, MARYLAND
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	00363	N UF STATISTIC	AL RESE	RCH AND RECORD			SIREEI, BA	AFLIMORE	: 1, MARYL	ANU	
			T	CERTIFICAT	15 .5 7 /	16 16h	70			1362	· /
1.	PLACE DF DEATH a. COUNTY	1		CII II / TILLII II	2. USUAL a. Sta		E (Where deceased I	lived, If institute b. COUNTY		before admiss	i(en)
		Baltimore		MARYLAND		Mary	<u>land</u>		Balts		
	b. CITY OR TOWN	N (if outside corporat and give nearest tow	e limits, n)	c. LENGTH OF STAY IN 1b	c. CITY OF	R TOWN (If	outside corporate	Ilmits, write	RURAL and giv	e nearest to	wn)
	0./in	gs Mills		36		Baltin	more, Mar	yland	سارا د		
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not in ho	spital, give street address	d. STREET	AODRESS			6	ON A FARM	
	Ros	ewood State	e Holpi	tal	31	8 Mt.	Holly St	reet		ES NO	X
3.	NAME DF DECEASED	Fi	rst	Middle	Last		4. DATE	Month	Oay	Year	
_	(Type or print)		Irene		Malone		DEATH T	anuary	2	19 66	5_
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. OATE OF	BIRTH	9. AGE	(in years IF birthday) Mo	UNDER 1 YEAR		HRS.
	Female	White	WIDOWED	OIVORCED	12/24			yrs.			_
10a	. USUAL OCCUPAT Ing most of work	ION (Give kind of work ing life, even if retire	done 10b. Ki d) IP	ND OF BUSINESS OR IDUSTRY	11. BIRTI	PLACE (Co	unty & State, or fore	ign country)	12. CITIZEN COUNTRY	OF WHAT	
	None - Ellicott City U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME										
13.											
,	Edward E. Malone (Deceased) Mary Dempsey										
(Ye	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknwn) (If yes give war or dates of service)										
	no none Rosewood Records Owings Mills, Md.21117										
			-	ne for (a), (b), and (c).]					INTE	RVAL BETWE	EN TH
	PART I, DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a) PNE	umonia					1 0	veele	
		OUE	то				1				
	Conditions, If		(b) 50	vere dibi	1,ta-	2001	· ede.	ma			_
	gave rise to cause (a), st		ТО		. 1		1	() 7.			
_	underlying caus	e last.	(c) O O	460 60 20-	ric: U	<u> TIML</u>	1 tract i	V+304,	01		
CERTIFICATION	PART II. OTHERS			TINGTO OEATH BUT NOT RE			C 1	GIVEN IN PA	RT 1(a) 19.	WAS AUTOP PERFORMED	PSY D?
EICA	Dielegi		54 Mi	crocechalic	Strab	iomi	121:	bni	YE	S NO	
RTI	20a. ACCIDENT OR CONTRIBUTI	WAS UNDERLYING DEA	TH 20b. D	ESCRIBE HOW INJURY OCI	URREO. (Ente	r nature of	injury in Part i o	r Part II of I	tem 18.)		
	(IF EITHER, NOT	NG ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	(ER)								
MEDICAL	20c. TIME OF I	NJURY Month, Day,		fan	ACE OF INJUR	Y (Home, fai	m, 20f. (City o	r town)	(County)	(State	e)
E S	p.n		While at work	- not writte							
	21. I certif	y that M (this hosp	ital) attende	d the deceased from	6/28	, 19		21	19 66, th	at HP (we)	last
			1/21	19.6.6, and th	at death occ	urred at	35 PM, from the	e causes an	d on the date	stated ab	ove.
	22a. SIGNATURE 22b. DATE SIGNED M.O. PHYS. DIRECTOR DIR										
	1000		MICOC	M M			IRECTOR P	iys. D	1/21	166_	
	22c. PHYSICIA NAME (Ty		shama U	udaan	22d. A	DDRESS				•	
232	BURIAL, CREM RE MOYAL (Spe	ATION, 23b. DATE	HEREOF	23c. NAME OF CEMETER		ORY	23d. LOCATIO		or county)	(State))
١.	Burial	1-25-6	6	New Cathedra	1	250 050	Balto	Md.	CTDAD/C CLOM	THE	
29	Wm. Cook		1217			25a. REC	n 1				
1	Wm. Cook Brooks Inc. 1217 St. Paul St. DATAN 24 1955 Milarley Judge										



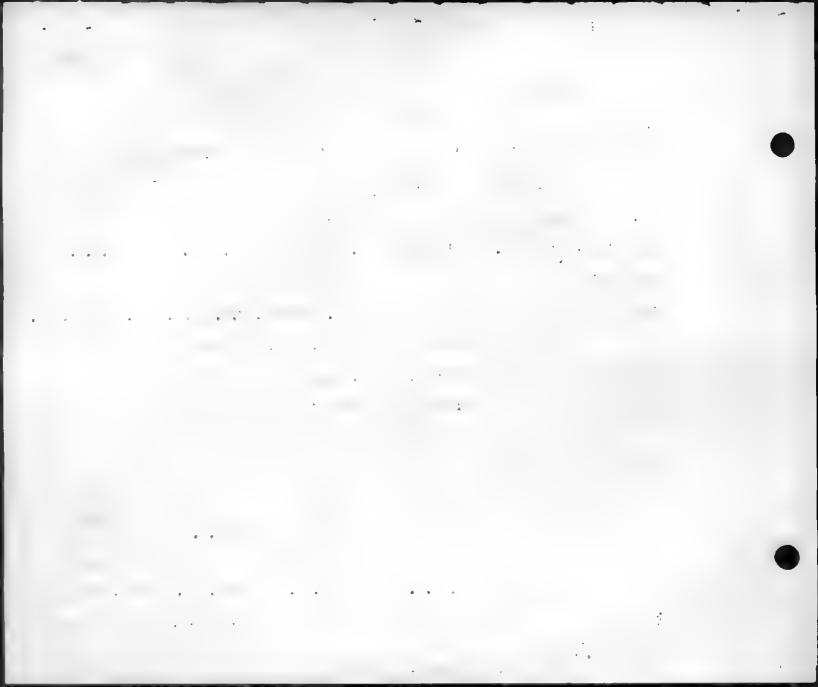
exacuted within 24 hours after death.

TO FUNERAL DIRICTOR. After this certificate has been signed by the attending physician any completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be lage 4 may be retained by the Rospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1		-			- OI DEAII			UU ah Dat				
	a. COU.	Balti		MARYLAND	ATTE	E (Where deceased)	lived, If institution: b. COUNTY	Residence before admission)				
	b. CITY	OR TOWN (If outsi	de corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate	limits, write RURA	L and give nearest town)				
			de corporate limits, learest town)	30 Days	Baltimore		, ÷ n	/				
1				ospital, give street address)	d. STREET ADDRESS	**	- 1	e. IS RESIDENCE				
1			stration Hos		224 North	Culver S	treet	YES NO A				
	3. NAME (DECEAS (Type o	ED	First Edgar	Middle Dawson	Marine	4. DATE OF DEATH	Month	Day Year 7 19 66				
	5. SEX	6. COLOR	OR RACE 7. MARRIED		8. DATE OF BIRTH			19 00 R 1 YEAR IF UNDER 24 HRS.				
	Male	Whit	e WIDOWED	K) DIVORCED	9/17/86	75	Months vrs.	Days Hours Min.				
1	during most	OCCUPATION (Give k of working life, evi	Ind of workdone 10b. K	IND OF BUSINESS OR	11. BIRT HPLACE (Co	ounty & State, or fore	ign country) 12. [ITIZEN OF WHAT				
1	Doput	of Intern	al Rev. Gov	t State, Md.	Dorchester	Co., Md.	Ti.	S.A.				
	13. FATHE	R'S NAME ·			14. MOTHER'S MAID			-				
1	John	Marine			Mary Engl:	ish						
1	15. WAS DE	CEASED EVER INU.S	. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address	-				
	Yes WW I 216 16 6906 Clin. Records, V.A. Hosp., Ft. Howard, Md.											
1			ter only one cause per li	ine for (a), (b), and (c).]				INTERVAL BETWEEN				
-	P/	PART I. DEATH WAS CAUSED BY: Pulmonary Infarction, Right and Left Days										
1		K	DUE TO									
1		ons, If any, which	1 the Enc	ephalomalcia,	Right							
1		ise to immediate										
1		(a), stating the ing cause last.		ebral Arterios	clerosis							
1	PARTIL	OTHER SIGNIFICAN		TING TO DEATH BUT NOT RELA		ISFASE CONDITION	GIVEN IN PART 1(a)	119. WAS AUTOPSY				
ξ.	FICAI							YES A NO				
		CIDENT WAS UNDER TRIBUTING [] CAUS TER, NOTIFY MEDIC	AL EXAMINER)	PESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or	Part II of Item 18	1.)				
-	3 20c. T	IME OF INJURY MO	nth, Day, Year 20d. If	VJURY OCCURRED 20e, PLA	CE OF INJURY (Home, fa	rm, 20f. (City o	r town) (Co	unty) (State)				
1	WEDICA T	our a.m.	19 While	- HOL WILLE -	ry, street, office bldg., et	(c.)						
1		I certify that (1)	(this hospital) attende	ed the deceased from 1	2/23 10	65 to 1/		66 that (i) (we) last				
ı		the deceased ali		19 66 and that	death occurred at2	45 MD fr Months	Cancoc and on t	he date stated above.				
1		IGNATURE	1	7	. death coodined at	TE NONPENO	22h.	DATE SIGNED				
1		Lev	In hoix	Son Wiff M.D	ATTENDING A	MED. ST.	AFF.	18/66				
1		HYSICIAN'S	V. V.		22d. ADDRESS							
Į		IAME (Type) NE	ILON NEILSON	, M.D.	V. A. Hosp	oital, Ft.	Howard,	Maryland				
١	23a. BURLA	L, CREMATION, 23 VAL (Specify)	b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or co	unty) (State)				
1	SUR	1120 1	110/66	Brookview Cem		Dorchest	er County	, Maryland				
	24. FUNER	AL DIRECTOR	250	LEDRESS	25a. REC	D BY REGISTRAR	25b. REGISTRAR	'S SIGNATURE				
3	Willi	am E. John	nson, Funera	1 Home	DATAN	12 1966	allegarle	31 Judge				
F	8521	Loch Rave		imore, Marylan	d i over 1	* A 1000	6	A-4				

VR AIS (4) 20M I/65



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after getth? 3 NOTPITAL OR LITERING PRYSICEN: The law regulres that the leath certificate the executed willing Page 4 may be retained by the hospital or attending physician.

24 homrs aften meath.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1	0037	1		CERTIFICA	TE OF D	DEATH			- 1	11126	1
Ā.	PLACE OF DEAT	Н					Where deceased I			ence before a	imission)
	BALTI	EMORE		MARYLAND	MA R	YLAND.		b. COUNTY	В	ALT O.	
	b. CITY OR TOW	VN (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY IN 1	c. CITY OR	TOWN (If out:	side corporate	limits, write	RURAL and	give neare:	st town)
		RURAL	•	14 yrs.		TIMORE		12 "	· · · · /		
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not in h	ospital, give street addres	s) d. STREET	ADDRESS				e. IS RES	IDENCE
	VILLA MAR	RIA, NOTCHO	LIFF,		GLEN	ARM					ND 🔲
3.	NAME OF DECEASED	Fi	rst	Middle	Last	4.	DATE	Month	Г	Day Ye	ar
	(Type or print)	SISTER MA		SYLVIA	MART		DEATH	JAN.]	14	19	66
5.	SEX F	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	lest	(In years IF birthday) Mo	UNDER 1 YE		Mun.
_	widowed JAN. 2, 1878 88yrs.										
du	a. USUAL OCCUPATING MOST OF WORK RETIRE	TION (Give kind of work ling life, even if retire SD	d) 1	NOUSTRY			& State, or fore		12. CITIZI	EN OF WHAT TRY? • A •	
13	. FATHER'S NAM	MĒ.	1(=	<u> </u>	14. MOTH	ER'S MAIDEN I	NAME				
1	WILLIAM N	MARTE NS			ANNA	SCHULD					
1!	. WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.	SOCIAL SECURITYNO. 17		100110110		Address		OTCHCI	JIFF
	NO	** *	*	# ** * 5	MARIE	PERPETU	JA. VIL	LA MARI	[A, GL	ENARM	
			/)	ine for (a), (b), and (c).]	0	. /	1		10	ITERVAL BE	TWEEN
	PART I, DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) (B	ucinon	a le	at to	east			1 2	yes
	/ * * .	-DUE	50 0		10	,					0
	Conditions, if gave rise to		(b) 101	am me	casta	charact .				2 m	101
	cause (a), s	tating the DUE	TO								
N	underlying caus		(c)	JTING TO DEATH BUT NOT RE	LATER TO THE T	Coating Diag	ACCOONDITION.	OWEN IN DE	BT 1(a)	9. WAS AU	TOPCY.
ATIC	PARTITION THERS	SIGNIFICANT CONDITT	ons Gontain	STING TO DEATH BUT NOT KE	LATED TO THE T	EKWINAL DISE	ASECUMUITION	GIVEN IN PA	K11(9) 1	PERFOR	MED?
JIF1C	2Da. ACCIDENT	WAS LINDERLYING	1 2pb.	DESCRIBE HOW INJURY OC	CUDDED (Enter	nature of inh	IV In Part I or	Part II of I	tom 18)	YES	NO X
CERTIFICATION	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	DESCRIBE HOW MOOR! OU	OURKED. (Enter	nature of mg	ily all rails i oi	Fait it of it	tem xo.,		
MEDICAL	2Dc. TIME OF Hour a.r	INJURY Month, Day,		fa/	LACE OF INJURY	(Home, farm,	20f. (City o	r town)	(County)	(5	itate)
MEC	p.1		While at wor	MOT WHITE -							
	21. I certif	fy that (I) (this hos	oital) attend	ed the deceased from	nor!		5, to 00	- 14,	1966,	that (I) (v	ve) last
		ceased alive on	2m 4	19 <u>66</u> , and th	hat death occu	rred at 9:	27, Worn the	causes an	d on the d	late stated	above.
	22a. SIGNATU	A De	ele	var	ATTENDIN	G MED.		AFF	22b. DATE	SIGNED	
	NAME (T		ulli	Dan	22d. AL	DRESS SFA	and Si	- Ba	Elin	uduo	2 /14
23	a. BURIAL, CREM	MATION, 23b. DATE ecify)	THEREOF	23c. NAME OF CEMETE	RY OR CREMAT	DRY 2	23d LOCATIO	N (City, town	or county) (S1	ate)
1	SCICIAL	- LAN	7,1966	15.7200	EMI TE	4 (CLER	HIEM	1//1	KYLHI	rr
24	. FUNERAL DIRE	ECTOR / C	2	ADDRESS CE P	- D. 1	25a. REC'D B	Y REGISTRAR		STRAR'S SI	Δ.	
Tr.	TOTALY ALATE	LOULLERA	1 Tou	A) 0	04	DATAN 2	5 1966	1 Police	reside !	noge	

VR A15 (4) 2DM 1/65

TO MOMPITAL

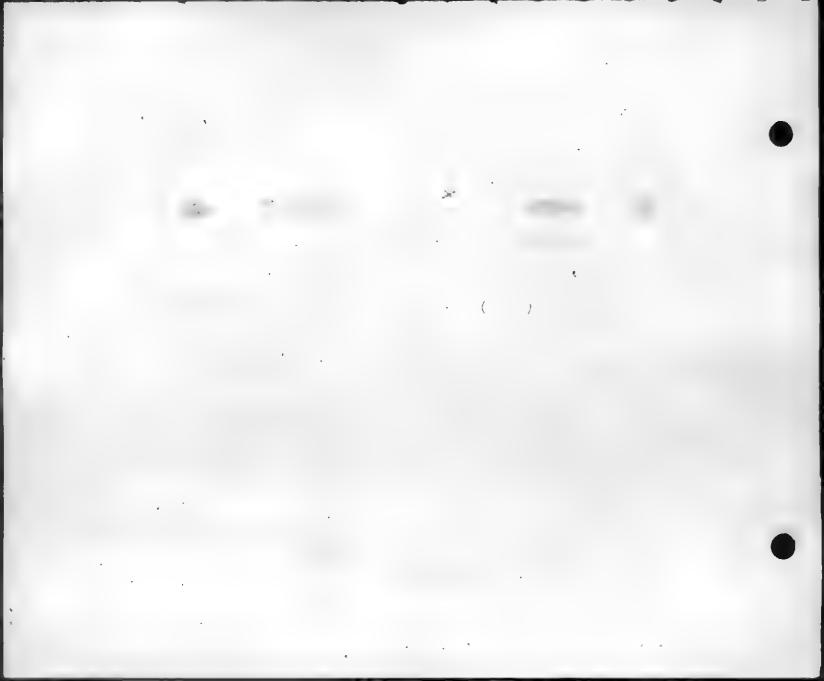
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00372 CERTIFICATE OF DEATH funeral and 2. d∎ath. and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) BALTIMORE ". SMERYLAND after bon papers. Pages 1 within 72 hours after by the Pages 1 MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 15 yrs BALTIMORE baltimore .= MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 616 EAST rd STREET ND X YES completely 1 we carbon p event, within within NAME OF First Middle Last DATE Month Day Year DECEASED В (Type or print) 1966 DEATH emecuted 5. SEX 6. CDLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 8. 7. MARRIED A NEVER MARRIED pirthday) Months I Days Hours 1 physician and en please rem aval, and in an WIDOWED DIVORCED [1Da. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR UNDUSTRY Park. 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT certificate be **CDUNTRY7** Park-A-XXXXXXX MARYLAND USA EMPLOYED SELF Car removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending | ermit. Ther Samuel C. Martin Mary Jo Reilley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY ND. | 17, INFORMANT Address the attendit permit. 70 deatil (Yes, no, or unknwn) i (If yes give war or dates of service) DECEASED CHART cremation, (NAVY) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 11/2 attending physician. DUE TO Conditions, If any, which (b) gave rise to Immediate DUE TD cause (a), stating the has by as th prior t underlying cause last. CERTIFICATION WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate NO T YES \ hospital 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part II of Item 18.) detached for the Dept. of 1 OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL (State) 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 12De, PLACE DE INJURY (Home, farm, 20f. (City or town) (County) factory, street, officebldg., etc.) be de State Hour a.m. After Id be d While Not While p.m. at work at work be retained 6 DIRECTOR: A age 3 should lifed with the 21. I certify that (I) (this hospital) attended the deceased from 19.65 and that death occurred at 11:35M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. M.D. Page 4 may pa MOSFUTAL O FUNERAL PHYSICIAN'S **ADDRESS** director, p NAME (Type) 233. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State REMDVAL (Specify) valley Mem. Grds Balto Burial Lutherville. 24. FUNERAL DIRECTOR REGISTRAR'S 25a. REC'D BY REGISTRAR 25b. Sons York Road .Jenkins Co. VR A15 (4)

2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT.

File pages 1 and 2 with the State Department and in any event within 72 hours after death.

permit. I removal,

a burial-transit p

3 should be used as a agent, prior to burial,

TO FUNERAL DIRECTOR: Page of Health or its designated retained for your files.

cessary, funeral may be

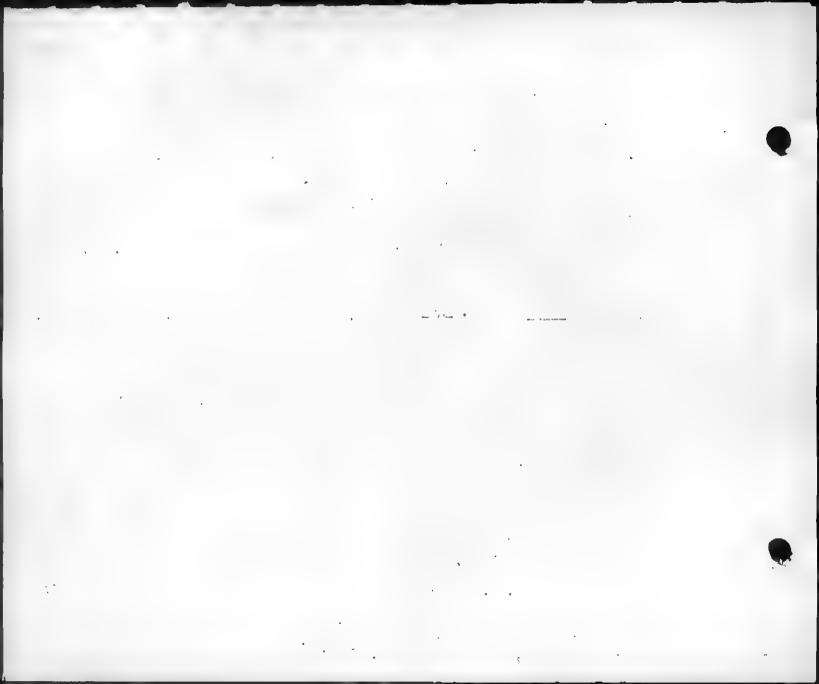
D DEPUTY MELY EXAMINER: This certificate should be executed within 24 hours after death, if any delay please execute ...e certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00000

1			e)	IALET	TOAL	EVAIAIL	AEL 2	CERTH	TIGAL	E Ur	, DEV	(III				bb
ļ	1.	PLACE OF DEATI	H Ray	timore	>			2. USUAL	RESIDEN	CE (Wher	e deceased	lived, If In:		Residence	before ad	mission
						4	MADWI AND	a. STA		YLANI	,	p con		'IMOR	T.	
ı		b. CITY OR TOW	210 Gor N (If outside	corporeta Ili	mits,	c. LENGTH OF	STAY IN 1b	c. CITY O				e limits, wi				t town
		WITTO KUKAL	and give near	rast town)		57	RS	TA	NSDOW	NE					y	. 1
		d. NAME OF HO		TITUTION (f not in hos	pital. Rive stre	eet address)	d. STREET						- 6	IS RESI	IDENCE
1							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	li	-				_		ON A F.	ARM?
ı	3.	NAME OF	GORHAM		21:				O GOR							NO P
	3,	DECEASED		First	274	Middle		Last		D#		Mont	n	Day	Yea	_
ı	5	(Type or print) SEX	6. COLOR OF	PAUL		RTINUK		8. DATE OF		1 00	EATH 19. AĞE	(In years	ale subject	31	1951	
ı		J		· · · ·	MARRIED [TATED LA	# / /	1899		le Mari	birthday)	Months	Days	Hours	Min.
ı	200	MALE	WHITE		IDOWED [RCED	, ,	1 1			утв.				
ł	duri	USUAL OCCUPATING most of work	Ing life, even	or work done If retired)	IND	D OF BUSINES			HPLACE (S	itata or i	foralgn co	untry)	C	CITIZEN	7	
Ì		PRESS			HAA	S TAYLO	R	1	SSIA				U.	S.A.	,	
	13.	FATHER'S NAM	E					14. MOTH	IER'S MAIC	DEN NAM	E					
i				KNOWN				U	MENOW	N						
		WAS DECEASED				CIALSECURIT	YNO. 17.	INFORMANT				Addre	55			
ı		No			217	7-01-10	96 MR	PAUL	KUCH:	ICK.	3210	GORHA	AM CO	URT	Balt	0. :
Ì		18. CAUSE OF			use per line	e for (a), (b), a						_			RVAL BET	
		PART I. DI	EATH WAS CAU IMMEDIATE	ISED BY: CAUSE (e)_		0				.0.				UNS	ET ARO D	CATH
ı		4201		DUE TO	1	-	_		11		/					
		Conditions, if		(b)_) 0 hr	one	my	FM	207	pur	0000	_			
		gave rise to cause (e), si		DUE TO		0	1.	1	1		0		di.			
Ì		underlying cous	e last.	(c)_		CAN	بالماليس	6//	UW	N.	اهاب	1 (we	Na	29	
1	NO.	PART H. OTHER S	GIGNIFICANTO	ONDITIONS	CONTRIBUTI	ING TO DEATH E	BUT NOT REL	TED TO THE	FERMINAL	DISEASE	CONDITIO	N GIVEN IN	PART I(e)) 19.	WAS AU	TOPSY MFO?
	ICAT													YE		NO Z
	CERTIFICATION	20a. EXTERNAL	CAUSE WAS	6 🗆	20b. DE	SCRIBE HOW	INJURY OCCU	JRRED. (Ente	r nuture o	f Injury I	n Part I	or Part II o	f Item 1	8.)		
	5	PRIMARY OF CAUSE OF DEAT	Н.	• -												
	EDICAL		INJURY Mont	h, Day, Year	20d. INJ	URY OCCURRE		CE OF INJUR	Y (Home, fa	arm, 20	f. (City	or town)	(Co	ounty)	(S	tata)
	MEDI	Hour e.r.		19	While at work	Not While at work		1), 311 000, 011	ico Diag., c	, (6.)						
		21. I certify	that I took	charge of	the remai	ns described	above, he	ld an Autop	sy 🔲,	Inspe	ction 🔏	, Inqu	iry 🗷	, and	In my c	pinior
		death result	ed from:	Natural ca u	ises 🔀.	Accident	. Su	icide 🗍.	Homici			etermined				•
	Ш		91	do	1:	/1 /		CHIE	F MEDICA	L EXAMI	NER -			1	6	
		ACTUAL SIGNATURE	Le-	1.1	11/6	cett	u	M.D. ASSI	STANT ME	DICAL E	CAMINER	0/-	-31	- 22.	DATE S	IGNED
						17		OEP	UTY MEDIC	AL EXAM	INER W	h .				
		EXAMINER'S NAME (Type)	GEOR	GE S.	M. KI	EFFER		Addr	ess (Stree	t, city, t	own, or c	ounty) 1	010 I	LEEDS	AVE	NUE
	23a.	BURIAL, CREM	ATION 23b.	DATE THER	REOF	23c. NAME C	F CEMETER					DN (CITY, ti				ate)
		Burial	Te.	4 196		OLY TRI	NITY C	EMETER	Y		LKRID		MAT	RYLAN	1D	
6	24.	FUNERAL DIRE	CTORDIPP	EL FUN	ERAL I	HOMEDONE	10 BEL	AIR RD	25a. RE			25b. R	EGISTRAF	R'S SIGN.	ATURE	
	44.0	or the many the many than the state of the s														

A 5ME (5) 1/65



FOR STATE
HEALT DEPT TO DEPUTY N. SICAL EXAMINER: This certificate should be executed within 24 hourspane, death. If any conversary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages, 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages "Bend" 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00267

00374	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEAT	ГН
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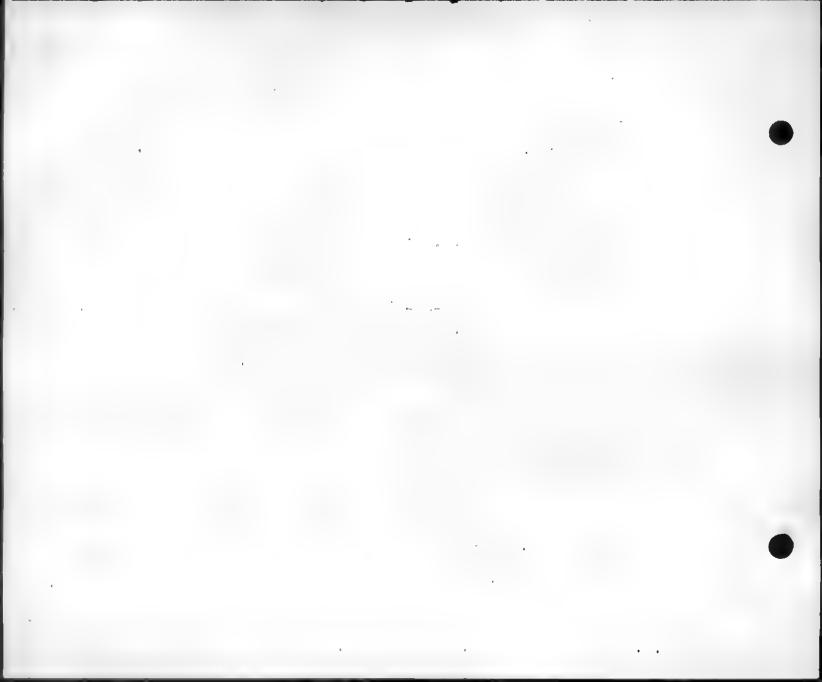
→ 1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission)
П	a. COUNTY	a. STATE has de la County .
-	b. CITY OR TOWN (il outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
П	write RURAL and give neerest town)	
-	franklike"	The right of
, .	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS J. IS RESIDENCE ON A FARM?
13	runte 4x lini, Denogres Minte 14 12 4 13 2	Moute 14, Oct 402
3.	NAME OF DECEASED Middle	Last 4. DATE Month Day Year
	(Type or print) // (are fatige + Ty) 11+1+	DEATH & MURREY 2. 1964
5	SEX. 6. COLOR ON RACE 17, MARRIED NEVER MARRIED 18	. DATE OF BIRTH 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Final Citized WIDOWED TO DIVORCED TO	Months Days Hours Min.
10	12 11 1000 12 1 1 1 1 1 1 1 1 1 1 1 1 1	y II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
d	one during most of working life, even if retired)	12. CITZEN OF WHAT COUNTRY
1	Housevell.	1 cultined 1. Clisitens
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	William Herry Fulford	Te Steer Marco
1:	as, no, or unkown) (Ilyesgive war or detes of service)	NFORMANT Address
1,,	as, no, or unxown) (II yes give war or detes or service)	ate Alba Enstructore Busin
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b); and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (6) VCCCC	7 3
	DUE TO ON DELICACIONA	to Carling and Ca
П	Conditions, if any, which gove rise to immediate couse	The contract of the contract.
	(a), stelling the underlying DUE TO Perfuse	
	cause last. (c)	
O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
S		YES NO FI
CERTIFICATION	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Pert I or Pert II of Item 18.)
120	CAUSE OF DEATH.	
18	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
MEDICAL		ory, street, office bldg., atc.)
≥	17 1 1	
	21. I certify that I took charge of the remains described above, he	
	death resulted from. Natural causes . Accident . Suici	de Homicide, Undetermined manner
	I COGILLA	CHIEF MEDICAL EXAMINER
	SIGNATURE TWO C TO CELLULY	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER
1	NAME (Type)	Address (Street, city, town, or county)
22	BURIAL, CREMATION, 226, DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. TOCATION (City, lown, or country) (Stete)
	Kemeral for 6/65 4 Kindles	Consilered 129 of leps Min Unite
2.	3. FUNERAL DIRECTOR ADDRESS	24 REC'D BY REGISTRAR 246. PEGISTRAR'S SIGNATURE
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TO MOSTITAL OF ATTENDING PRYNICIAN: The lam requires that the Math mertificate be mecuted mithin 14 hours after Meath.

Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removers and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	CERTIFICATE OF BEATH											
1.	PLACE OF OEATH				2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before							
		Ltimore		Manyl Ma	a. STATE		b. COUN	ITY	L			
-			e limits.	MARYLANO c. LENCTH OF STAY IN 1b	c. CITY OR TOWN	(If outside	corporate Ilmits, wri	ite RURAL and g	ve nearest	town)		
		(if outside corporat and give nearest town	n)									
_	Lutherville					Baltimore . /						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRES	55			ON A FA	RM?		
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	M	W	MIOOMEO [OIVORCED 🔼	6-18-189	de-	√ yrs.			milti.		
10a. USUAL OCCUPATION (Cive kind of work done of the country) 10b. KIND OF BUSINESS OR during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11b. BIRTHPLACE (Country & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?												
Administrator U.S.Gov't. Maryland USA												
13. FATHER'S NAME												
Thomas McElderry Lizzie Bradford												
15		MCELCET'		OCIAL SECURITY NO. 17.	INFORMANT	Dr.ad	LOI'G Addres	S				
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		DEATH { Enter only one	/1 .	e for (a), (b), and (c).]	1 1 1	00.1	04	INT	ERVAL BETY	VEEN EATH		
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ERT												
		IFY MEDICAL EXAMIN										
CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bidg., etc.) Hour a.m. p.m. 19 While at work at work at work 21. I certify that (I) (this hospital) attended the deceased from 19 40 40 40 40 40 40 40 4									ate)		
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-C) last		
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H	.W. Jenk	rite of you	5 VO .4	905 York Ro	1. DATE	NITO	1000 /	The Day	1			

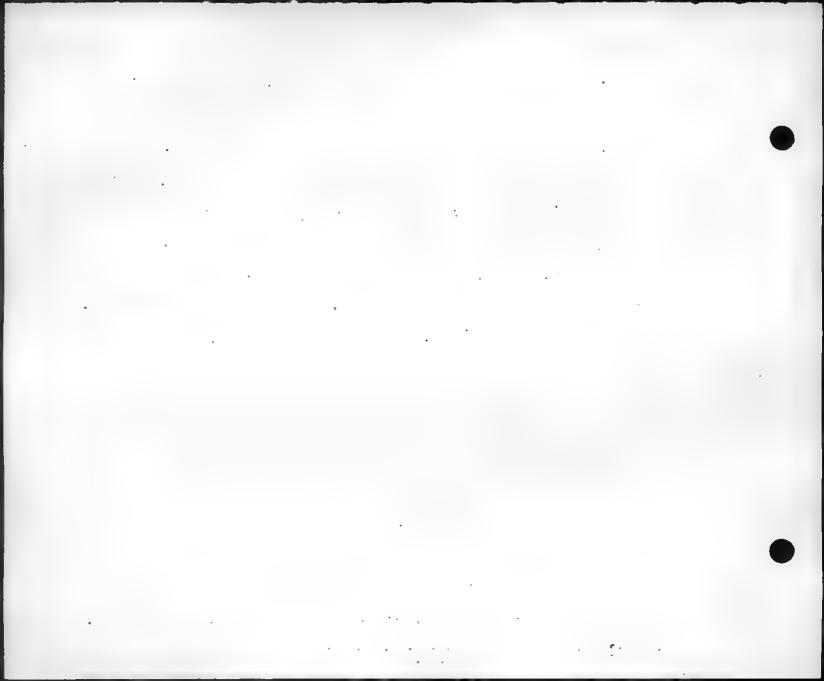


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please famove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	00376			CERTIFI	CAT	OF DEAT	Н	,		00269		
1. PLACE OF DEATH a. COUNTY Baltimore MARYLAND						2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. COUNTY arryland Rolltimore						
	b. CITY OR TOW write RURAL Catons	N (if outside corpora and givo nearest tow ガイトー	te limits, n)	C. LENGTH OF STAY		c. CITY OR TOWN (If outside	corporate limits,			est town)	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)					Catonsville d. STREET ADDRESS 0. IS RESIDENCE ON A FARM?							
	Ridgeway					<u> </u>		ood Ave.		YES 🗌	140	
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	sex Vale	6. COLOR OR RACE	7. MARRIED	_		OATE OF BIRTH		last birthda	rs IF UNOER y) Months	1 YEAR IF UND Days Hour		
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aui	ring most of worki	M.	d) INO	USTRY		Harper	s Feri	ry W. Va.	C	DUNTRY?		
13	. FATHER'S NAM	E				14. MOTHER'S MA						
_		y. Mc Graw					Jane	e Dulany				
(Y)	es, no, er unkown)	EVER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S(f service)	OCIAL SECURITY NO.		INFORMANT			Iress			
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		DEATH [Enter only on ATH WAS CAUSED BY		e for (a), (b), and (c)	1.1	1 0				ONSET AND	DEATH	
	1	IMMEDIATE CAUSE	(a) (D)	remorna	- or	dring				men	05_	
	Conditions, If	OUE			U							
	gave rise to	Immediate ((b)									
	cause (a), stating the DUE TO underlying cause last. (c)											
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MEDICAL	20c. TIME OF I	NJURY Month, Cay,		URY OCCURRED 2	Oe. PLAC	CE OF INJURY (Home,	farm, 20	f. (City or town)	(Cot	unty)	(State)	
MED	Hour a.n p.n		While at work	Not While at work	Tactor), street, onice blog.,	, e(c.)	- 1				
	21. I certify that (I) (this boseite) attended the deceased from the 1962 to 1/25, 1966, that (I) (we) last											
saw the deceased alive on 1960, and that death occurred at 10 M, from the causes and												
22a. SIGNATURE ATTENDING MED. DIRECTOR DIRECTOR							STAFF	226. 0	ATE SIGNED	1.6		
	22c. PHYSIC A NAME (Ty		· ·		M.D	PHYS. 22d. ADORASS	DIRECTO	R PHYS.		101	@ VO	
	NAME (T)	(pe) J. J.	IOL A M	V M	0_	50	EX .	md/212	29			
238	BURIAL, CREM REMOVAL (Spe Burial	ATION, 23b. DATE 1-28-		St. Pete		OR CREMATORY	23d.				State)	
24	. FUNERAL DIRE	CTOR		AOORESS			EC'D BY R	EGISTRAR 25b	REGISTRAR	'S SIGNATURE	,	
F	.C. Higin	bothom, Elli	cott Ci	ty Md. for	Eac	ckles DATA	126	1966	limyle	Judge	= =	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, if institution; Residence before admission) a. COUNTY Baltimoresattakt . STATE Maryland Baltimore by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) <u>.e</u>--Lutherville Lutherville Pages filled i d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gava/syfeet address) ON A FARM? 1723 Kurtz Ave. 1723 Kurtz Ave. YES NO X completely papers. 3. NAME OF 4. DATE Middle DECEASED 1966 DEATH Jan. (Type or print) Eog COLOR OR RACE 7, MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH and last birthday) Months Male White 52 WIDOWED [DIVORCED [] Jan. 28, 1913 physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? dens dusing most of working life, even if retired) Sheet Metal Maryland U.S.A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please Albina Dudek James Leo Mc Lhinney 1 16. SOCIAL SECURITY NO.1 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknwn) | (If yes give wer or dates of service) 2/2-09-/063 Mrs. Catherine G. Mc Lhinney, Same as # 2 No the permit. 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY. arcinoma ! Rt. lung IMMEDIATE CAUSE (a) burial-transit DUE TO affending peen Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? YES NO 1 use prior 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Entar natura of injury in Part I or Part II of item 18.) jo OR CONTRIBUTING [] CAUSE OF DEATH detached for After this ATTENDING 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While Hour a.m. at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from Musel, 7th, 1958, to JAN. 3 w 1966 that (I) (we) last ... 196.5, and that death occurred at 9/1.M, from the causes and on the date stated above. 22b. DATE yem 22a. SIGNATURE ATTENDING SIGNED DIRECTOR M.D. PHYS. HOSPITAL FUNERAL page with 1 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed 23a, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION [City, town or county] O à B REMOVAL (Specify) Jan. 6.1966 St. Joseph Cemetery Baltimore Co., Maryland Burial 250. REC'D, BY, REGISTRAR | 255, REGISTRAR'S SIGNATURE 1050 Yorks Road VR A15 (4) Towson 4, Maryland 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 3 CERTIFICATE OF DEATH funeral and 2 r death Hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY by the f Pages 1 papers. Pages 1 in 72 hours after Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Carons VIII e nearest town) 29 Baltimore filled In d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? House in Pines, 16 Fusting 300 Athol AVe. NO YES attending physician and completely rmit. Then please remove earbon pro or removal, and in any event, within exemited within 3. NAME OF DATE Year 66 DECEASED Harry Milton Menkemeir OF DEATH Jan. 31 (Type or print) 19 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 7. MARRIED T NEVER MARRIED birthday) | Months White Days Male Hours Jan. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone distinctions) 10b. KIND OF BUSINESS OR DESIRESS OF WORKING life, even if retired) BUPYSFRS CITY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT curtificatu Be BYPYN City ine Md 13. FATHER'S NAME MOTHER'S MAIDEN NAME Henry Menkemeir Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give war or dates of service) this certificate has been signed by the attend detached for use as the burial-transit permit. te Dept. of Health prior to burlal, cremation, or r 16. SOCIAL SECURITY NO. 17. INFORMANT eat Mrs. Annie Menkemeier. 300 thol 26 0763 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The lam requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO TX YES T 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State Hour e.m. OR ATTENDING P While Not While at work p.m. at work Carr 21. I certify that (i) (this hospital) attended the deceased from 66, and that death occurred at 9.40M, from the causes and on the date stated above. saw the deceased afive on .19 DATE SIGNED SIGNATURE 228. ATTENDING PHYS. DIRECTOR PHYS M.D. Page 4 may ADORESS 22c. PHYSICIAN'S 22d. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 66 Loudon Park burial eb. 25b. RECISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS REC'D Edmondson Ave 1966 .. 0

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death funeral and 2 hours after death, PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY e. STATE after Baltimore the MARYLAND Pages b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hin 72 hours a Š write RURAL and give nearest town) filled in Catonsville Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? rbon pap within NO W Shangir-La Home 7 S. Woodington Rd YES completely in certificate be executed within 3. NAME OF First Middle DATE Month Year Lest DECEASED OF ec event, (Type or print) DEATH 19 Jan. 1966 SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS remove 7. MARRIED NEVER MARRIED last birthday) Months Days Hours and BRY WIDOWED W DIVORCED July26.1875 Male White 10a. USUAL OCCUPATION (Give kind of work done) physiciam an please r 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT affd T during most of working life, even if retired) COUNTRY? Clerk 13. FATHER'S NAME S. Food Stores Germany 14. MOTHER'S MAIDEN NAME гетоуа attending permit. Then Harriam Meyer
15. WAS DECEASED EVERINU.S. ARMED FORCES? 17. INFORMANT 16. SDC AL SECURITY NO. Address the attenuit permit. Balto. Md. 29 능 (Yes, no, or unkown) | (If yes give war or dates of service) death Mr.J. Millard Rine 7 S. Woodington Rd. 212-01-7444 cremation, been signed by the the burial-transit point to burial, cremati 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN OR ATTENDING PHYSICIAN: The law requires that the b retained by the h≡s≡ital or atte≡ding p≡ysician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate the ior to DUE TO cause (a), stating underlying cause last. O FUNERAL DIMICTOR. After this certificate has director, page 3 should be detached for use as should be filed with the State Dept. of Health pric (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO 🔯 YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part | or Part | of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year (State) 20d. INJURY OCCURRED 1206, PLACE OF INJURY (Home, farm. 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not-While p.m. 19 at work et work 1966 that (I) Iwe last 21. I certify that (I) (this hospital) attended the deceased from 4 A. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE DATE SIGNED STAFF PHYS. ATTENDING MED. DIRECTOR PHYS. Hage 4 mily 22c. PHYSICIÁN'S 22d. MODRESS NAME (Type) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY (State) 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) 2 REC'D BY REGISTRAR Loudon Park Cem. Burial an REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Truman Schwab 3512 Frederick Ave. Balto. 29. Md. 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Lond 3 to PM3 Page HEALTH DELY ... ond 3 to PM3 Page HEALTH DELY ... partment of death ... ofter death ...

in pencil in Item 18 Give Pages 1,

This certificate whould Te executed within 24 hours after death It

the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word "pending"

CAL EXAMINER:

TO DEPUTY

file pages lond2 with the State Department of and in any event within 72 hours ofter death. 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit Health or its designated agent, prior to buriol, cremation, or removal.

00380

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00373

St. Joseph s Hospital St. Joseph s Hospital 15 Glen Luce Drive YES	n)									
De C. TY OR 10MM, (if autside corporate mits, write RURAL and give nearest town) Wite RURAL and give nearest town) Baltimore d NAME OF HOSPITAL OR NSTITUTION (if nor in hospital) 3. NAME OF HOSPITAL OR NSTITUTION (if nor in hospital) 3. NAME OF DEATH JOSEPH S HOSPITAL 3. NAME OF DEATH JOSEPH Middle (if a DURSE SEX C. LINGER ADDRESS St. JOSEPH'S HOSPITAL 3. NAME OF DEATH JOSEPH Middle (if a DURSE SEX OF DEATH JATE ore										
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DECEASED [Type or print] S SEX	15 Glen Luce Drive YES NO N									
Type of print JOSEPH C. MARRIED B DATE OF BIRTH JAN AGE (n years Months Doys Hours Doys D	r									
Male White widowed Dovored Duly 5, 1916 lost by thooy) Months Dovored Downs Months Downs	11 00									
Oo. USALO CC.PATION (See kind of work done during line, even dietred) Oo. USALO CC.PATION (See kind of work done during line, even dietred) Nartin & Marrietta Philadelphia, Penn. 13 FATHER S NAME JOSEPH A. Missar 15 WAS DECEASED EVER IN U.S. A.MID SOCIAL SECURITY NO 17 INFORMANT 18 CAUSE OF DEATH (Enter only one couse per hine, for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CALSE (b) OUE TO Conditions, if any, which gave in its for immediate couse (a), storting the underlying couse lost (c) PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS OO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTIONS OF PLACE OF INJURY (Home, form, form, for contributions) OO EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTIONS OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, for contributions) OF PLACE OF INJURY (Home, form, for contributions) OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, form, for contributions) OF PLACE OF INJURY (Home, form, form, form) OF PLACE OF INJURY (Home, form, form) OF PLACE OF INJURY (Home, form, form)	24 HRS Min									
SECURITY OFFICE Martin Marrietta Philadelphia, Penn. COUNTRY	pylici									
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13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address Addre										
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) It less ye wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse por line, for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (o) lost (c) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUT ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PRIMARY OF CONTRIBUTING COUSE (Enter nature of injury in Port I or Port II of Item 18) PORT TO THE PRIMARY OF INJURY Month, Day, Year Hour or m. Public of Was Authority in Port I or Port II of Item 18) PORT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PORT TO THE TERMI										
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) It less ye wor or dotes of service) 16 SOCIAL SECURITY NO 17 INFORMANT 18. CAUSE OF DEATH (Enter only one couse por line, for (o), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse (o) lost (c) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUT ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PRIMARY OF CONTRIBUTING COUSE (Enter nature of injury in Port I or Port II of Item 18) PORT TO THE PRIMARY OF INJURY Month, Day, Year Hour or m. Public of Was Authority in Port I or Port II of Item 18) PORT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) PORT TO THE TERMI										
IB. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (b) DUE TO Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse (c) PART I OTHER SIGNIFICANT CONDITIONS CONTR BUT NOT DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19 WAS AUTHORS FROM YES 200 EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 200 TIME OF INJURY Month, Day, Year Hour om Hour om 19 While of work Not While of work of wark 19 was Authors from factory, street, office bldg, etc.) 20f (City or town) (Country)										
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DUE TO	IB. CAUSE OF DEATH (Enter only one couse per line, for (o), (b), and (c).)									
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PERFORM YES 200 EXTERNAL CAUSE WAS PRIMARY I or CONTRIBUTING CAUSE OF DEATH 200 TIME OF INJURY Month, Day, Year Hour o.m. Pm. 19 Of While of wark of waget.										
20c TIME OF INJURY Month, Day, Year Hour o'm. 19 20d. INJURY OCCURRED While at wark at										
20c TIME OF INJURY Month, Day, Year Hour o.m. 19 While at wark at wark at wark 19 Not While 19 Not Whi	NO F									
20c TIME OF INJURY Month, Day, Year Hour o.m. 19 While at wark at wark at wark 19 Not While 19 Not Whi										
20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.) P.m. 19 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 40e PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.)										
pm 17 atwark 🗀 atwark 🗀	tate)									
GIAGIN CONTROL OF THE										
The second and troop and de me remains described above, new an words at 1, misbert an 12, and an 11, and 10 mis	Pin Grant Gr									
death resulted fram: Natural causes Accident , Suicide Hamicide , Undetermined manner										
ACTUAL 22 DATE	ASS STANT MEDICAL EXAMINER [] 22. DATE SIGNED									
DENITY MEDICAL EVANDUE OF	DEPUTY MEDICAL EXAMINER									
EXAMINER'S NAME (Type) Charles F. O'Donnell Address (Street, city, town, or county)										
	ote)									
REMOVAL (Specify) 17 - 41 - (a)	oro j									
28 EINIPAI INDECTOR										
Wine Cook Brooks Tou son Tousen Marky and DEEB 7 1966 Charles Judge										

VR A15ME (5) 6M 1/66



FOR STATE

TO DEPUTY I TOTAL EXAMINER: This cert ficate should be executed within 24 hours after death. If any Control is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1. Control is the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 with your files TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

00381

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11/1374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

J	1. PLACE OF DEATH •. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If a	/
	BALTIMORE MARYLAND b C.TY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16	c. C.TY OR TOWN (If outside corporate limits, write	CECIL
	write RURAL and give neerest town) Baltimore-rural	4.	KUKAL and give nearest fown)
	d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street address)	Elkton_ d. Street Address	. IS RESIDENCE
	Balto. Beltway at Cromwell Bridge Rd.	239 Locust Lane	ON A FARM?
	3. NAME OF First Middle	Last 4. DATE Month	
	(Type or print) PHILIP	MITCHELL DEATH Janua	ry 8 19 66
	5. SEX 6. COLOR OR RACE 7, MARRIED 1 NEVER MARRIED 1 8.	DATE OF BIRTH 9. AGE (In years last birthday)	Months Days Hours Min.
		March FI, 1915 1 50 yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refred)	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Driver Trucking	North Carolina 14. MOTHER'S MAIDEN NAME	. II. Sada
	_ Thomas P. Mitchell	Mary J. Shuford	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. II	ADD INCUS	
	11. O 1153-07-2629 118. CAUSE OF DEATH (Enter only one cause per line for (a, (b), and (c,)	Trs. Rose II. Mitchell,	
	DADT I DEATH WAS CAUSED BY.	and hand intention	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Traumatic asphyxia	_and nead injuries	
	Conditions, if any, which \ (b)		
*	gave rise to immediate cause (a), stating the underlying DUE TO		(
	cause lest. (c).	e ground in banks	
4.	PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (E) PRIMARY (A) or CONTRIBUTING CAUSE OF DEATH.	T RELATED TO THE TERMINAL D SEASE CONDITION GIVE	EN IN PART 1(0 19, WAS AUTOPSY PERFORMED? YES 🔀 NO
	206 EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (EI	inter nature of injury in Part I or Part II of Jem 18.}	
	LITOWI OUL OF LIUCK		
		CE OF INJURY (Home, ferm, 20f. (City or town) ery, street, office bldg., etc.)	(County) (State)
		beltway Balto.	Balto. Md.
	21 I certify that I took charge of the remains described above, held death resulted from Natural causes , Accident XI, Suici-		,
	death resulted from Natural causes , Accident X , Suici	ide, Homicide, Undetermined ma	anner
	ACTUAL SIGNATURE OF SCHOOL	M.D. ASSISTANT MEDICAL EXAMINER &	DATE SIGNED
	EXAMINER'S RUDIGER BREITENECKER, M.D.	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	1-9-66
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town,	or country) (State)
1	Burial 1/12/66 Elkton Came	tery 240. REC'D BY REGISTRAR 24b, REGI	STRAR'S SIGNATURE
3	Hicks Torre or Tunerals Elitton		writer ludge



M

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

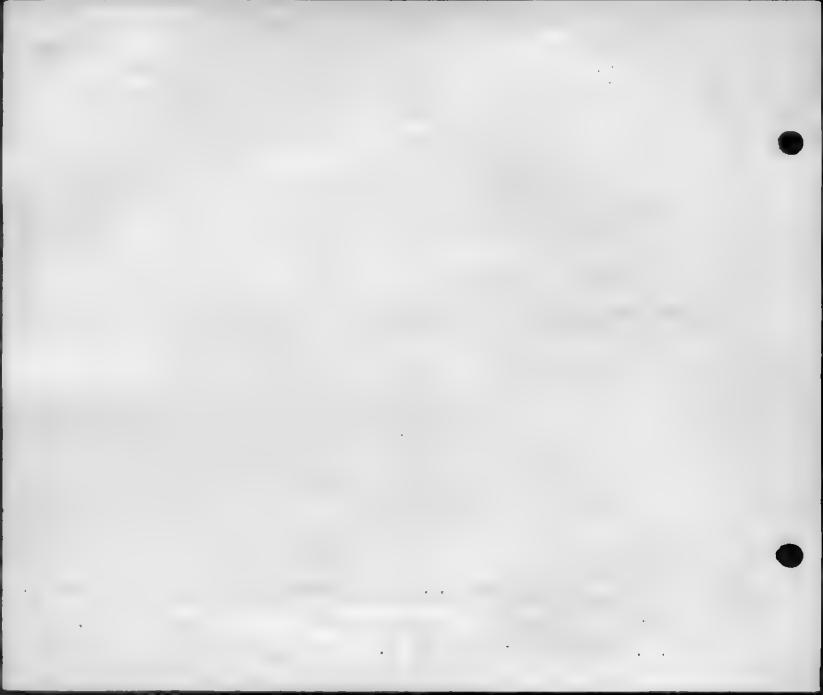
									(11)	5 1 5/
1.	PLACE OF DEAT	Н		11	2. USUAL RESIDENC	E (Where dec			dence befor	
	Baltin	more	MARYLAN		e. STATE		b. CDUN	lto.		
_	b. CITY OR TOW	N (if outside corporate limit and give nearest town)			c. CITY DR TOWN (If	outside corp			d give ne	arest town
	Perryh		Life		Perryh	all			,	
	d. NAME DF HD	SPITAL OR INSTITUTION (if n	ot in hospital, give street addr	ess)	d. STREET ADDRESS					RESIDENCI A FARM?
	0305 (Carlisle Ave.			9305 Carli	sle Av			YES] No.#
3.	NAME OF	First	Middle		Last	4. DATE	Month		Day	Year
,	DECEASED (Type or print)	Chester	7.5	ore	Eust	DF DEATH	Jan			1966
5.	SEX	6. COLOR DR RACE 7. MA	RRIED RE NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In years	IF UNDER 1	EAR IF UN	VDER 24 HR
	Male	111111 00	DWED DIVORCED	ر از	Feb. 16,190	9 5	last birthday) yrs.		ays Ho	
10a	I. USUAL OCCUPAT	IDN (Give kind of work done in ing life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co	unty & State,	or foreign country) 12. CITI	ZEN DF W	HAT
		al Engineer	Martin Co.		Pa.			U.S		
13	FATHER'S NAV	IE			14. MOTHER'S MAID	EN NAME		, , ,		
	Reese Mo	oore			Ada	Frevta	C [*]			
	WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. I	NFORMANT		Addres	S		
(No.	(11 Jes fine was at mares at set area	271-09-3570] /[no e	s. Loretla	Moore	030E Cam	lisle	Ave.	
		DEATH Enter only one cause	per line for (a), (b), and (c),]	-144-6	SA HUI GIULG	MOOT E	2 Just Gar		INTERVAL	BETWEEN
		EATH WAS CAUSED BY:	N	n 2	ONARY	4 41 10		1		ND DEATH
	11211	IMMEDIATE CAUSE (a)	ACOIZ CO	076	0 N 13 12 Y	065	20310	N	1190	450
	7 7 7 7	DUE TO	-11100000			-1-			/	1.1.
	Conditions, If		NLARGED	+1	DILATED	1+E	AKI		ev. L	SIN
	cause (a), s		1 0							1-
_	underlying caus		ACUTE CO	N	GESTIVE	FA	ILURE		3001	15_
NO	PART II, DTHER	SIGNIFICANT CONDITIONS COL	TRIBUTING TO DEATH BUT NOT	RELAT	ED TO THE TERMINAL O	ISEASE CONF	DITION GIVEN IN	PART 1(a)	19. WAS	S AUTOPSY FORMED?
CAT									YES	ND L
FIF	20a. ACCIDENT	WAS UNDERLYING	20b. DESCRIBE HOW INJURY	DCCUR	RED. (Enter nature of	Infury In Pa	rt I or Part II o	f Item 18.)		
CERTIFICATION	OR CONTRIBUT	ING CAUSE OF DEATH TIFY MEDICAL EXAMINER)								
		INJURY Month, Day, Year	20d. INJURY OCCURRED 20e	PLAC	E OF INJURY (Home, fai	rm.1 20f. (City or town)	(Count	v)	(State)
MEDICAL	Hour a.i		While - Not While -	factory	, street, office bldg., et	(C.)	,	(,
M	р.		at work				1 4 1/ 5 /			
			ittended the deceased from	1-3	AN 12, 19		JAN 29			
		ceased alive on JAA	/ 25 19 Co, and	that	death occurred at 8	30 PM, fro	m the causes			
	22a. SIGNATU	RE S			ATTENDING /	MED	STAFF	22b. DAT	E SIGNED	
	The	done f. 12	- Pares	M.D.	PHYS.	IRECTOR [PHYS.			
	22c. PHYSICIA NAME (T	AN'S YPE) THEODORE	E. EVANS		9660 L	Bela	ir Rd.	BALTO	36	Md
238	BURIAL, CREN	MATION, 23b. DATE THEREO		TERY	DR CREMATORY	23d. LD	CATION (City, to	wn or count	(y)	(State)
	REMOVAL (Sp Buria		Moreland	d Ce	emet.org	Park	ville Bai	lto. C	o. Md	
24			ADDRESS	7		'D BY REGIS	TRAR 25b. RE	PERSTRARIC	SICNATUR	E
	Tayana	ineval for	7401 15016	No.	DATE	7 18	966	liantes	Juda	¢.E

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remoye carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after leath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH



- 3			DIVISION OF STATIST	ICAL KESEA	AKCH AND KECOK	וטס, סטו	W. PRESIUM SIKE	EI, BALIIMUKE, MAK	LAND ZIZ	UI
j		00384			CERTIF	ICATE	OF DEATH			00377
		place of Death o. County	Baltimore		MARY	/LAND	o. STATE Ma		UNTY Bal	timore
		write RURAL an	If autside carparote limite figure nearest town) Owson		c LENGTH OF STAY II	1		tside carporote limits, write R Baltimore	54	nearest tawn)
			al or institution, lift no 106 Yorkle				d. STREET ADDRESS 10	6 Yorkleigh	Rd.	e. IS RESIDENCE ON A FARM? YES NO 🔀
		NAME OF DECEASED (Type or print)	Made	line	Middle		lost	OF Januar	8	4, 19 66.
	-	temale.	6 COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	410	DATE OF BIRTH	9. AGE (In years last birthday) 975 50 yrs	Months	YEAR IF UNDER 24 HRS Days Hours Min.
		USUAL OCCUPATION ring mast of warking TTOW	12 (ITI (OU	ZEN OF WHAT						
13. FATHER'S NAME George W. Schweitzer 14. MOTHER'S MAIDEN NAME Lula B. Bader										
	15 (Ye	WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor ar dotes a	service) 2 7	3-03-368		formant Gordon	A. Mouat	lress (S	ame)
		PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	ŕ	(o), (b), and (c))	Take	malgrance	y (Commalized))	INTERVAL BETWEEN ONSET AND DEATH
		Canditions, if ony, which gove (b) management mylanoma 34000								
		stoting the unde	rlying cause	(c)						
-	CATION	PART II OTHER SI	GNIFICANT CONDITIONS Q	ONTRIBUTING T	O DEATH BUT NOT REL	ATED TO TH	E TERMINAL DISEASE CON	IDITION GIVEN IN PART I(a)		PERFORMED? YES NO
	L CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OF	CCURRED. (E	nter nature af injury in i	Part I or Part II of item 18.)		
	MEDICAL	20c TIME OF INJ Hour a.r p.i	IA.	20d IA While of work			OF INJURY (Home form y, street, office bldg , etc.)		(Cou	nty) (State)
		saw the d	fy thot (I) (this has eceased alive an_	pital) attend	ded the deceased 24 19 66,	fram ond that	deoth occurred at	2:30 M, from touse	s and on th	6, that (1) (we) la e date stoted abov
		220 SIGNATURE	inchm &	ieun	T	M.D.	ATTENDING PHYS.	MED STAFF PHYS.	22b. DA	15766
		22c. PHYSICIAN'S NAME (Type	C. Wilbur S	Tewal				Read ST 1	3a/m	ion 2-
4		BURIAL, CREMATION REMOVAL (Specify	1/27	/66.	Morelan	4	n. Cemete		more i	(County) (State)
3	Z4	I. FUNERAL DIRECTO .eonard	J. Ruck S	nc. B	alto. Md	.212	274 JAN	BY REGISTRAR 2 6 1966	REGISTRAR'S SIG	and the second

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physical director, page 3 shauld be detached for use as the burial-transit permit. Then the shauld be filed with the State Dept. of Health prior to burial, cremation, ar removal, VR A35 (4) 20 M 1/66

physican and completely filled in by the funeral nen present move carban papers. Pages 1 and 2 aval, and any event, within 72 haurs after deaty.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		OFKILLION	IL OF	DEMIL			- 11	USA	(3)
1. PLACE OF DEATH a. CDUNTY			2. USUA	RESIDENC	E (Where dece	ased lived, If in		nce before a	dmissign)
	BALTIMORE	MARYLAND	a. ST	ATE MAT	RYLAND	b. cour	YTY		
b. CITY OR TOWN (if outside corr write RURAL and give nearest		c. LENGTH OF STAY IN I				orate limits, w	ite RURAL and	give neare	st town)
FORT HOWARD, MARYL	AND	LO DAYS		BAI	TIMORE		* , , , .		
d. NAME OF HOSPITAL OR INSTIT	UTION (if not in hos	pital, give street addre	d. STREE	ADDRESS				e. IS RE	SIDENCE FARM?
VETERANS ADMINISTRA	ATION HOSP	ITAL	4916	REISTE	ERSTOWN	ROAD		YES [NO X
3. NAME DF DECEASED	First	Middle	Las	t	4. DATE	Mont	h Da	ay Ye	ear
(Type or print)	HARRY		MULLEN	SR.	HTASD	JANUARY	5	19	66
5. SEX 6. COLOR OR RA	CE 7. MARRIED	NEVER MARRIED	8. DATE OF	BIRTH	9.	AGE (in years last birthday)	IF UNDER 1 YEA		
MALE WHITE	WIDOWED	DIVORCED [7-13-	88		77 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of w during most of working life, even if re	vorkdone 10b. KIN	D OF BUSINESS OR	11, BIRT	HPLACE (Co	unty & State,	or foreign country	12. CITIZE		T
FIREMAN	Balt	city	BAT	TTMORE	MARY	TAND		SA.	
13. FATHER'S NAME	1			HER'S MAID		142			
Samuel Mullen			LOU	ISA CH	RATZ				
15. WAS DECEASED EVER IN U.S. ARME	DFORCES? 16. SC	CIÁL SECURITY NO. 1	7. INFORMANT	r -		Addre	SS		
(Yes, no, or unkown) (If yes give war or da		-26-0557 C	LIN RECO	IRNS W	H TOPT	HOMADD	MARYL	ANTO	
18. CAUSE OF DEATH (Enter onl			TITIL TOTOL	140 g 42	MISTORI	HOWALLD		TERVAL BE	FTWEEN
PART I. DEATH WAS CAUSED	DV		THE				Or	NSET AND	DEATH
IMMEDIATE CA	USE (a) CARTO	INOMA OF BOX	NEL_				UI	VKNOW	N
	DUE TO								
Conditions, if any, which gave rise to immediate	(b)								
cause (a), stating the	DUE TO								
underlying cause last.	(c)								LITERAM
PART II. OTHER SIGNIFICANT COND	HILIDAS CDATKIBOLI	ING TO DEATH BUTNOT R	ELATED TO THE	FERMINAL D	ISEASE COND	ITIDN GIVEN IN	PART 1(a)	PERFO!	
DIABETES MELLIT								YES 🗍	NO X
PARTILOTHER SIGNIFICANT COND DIABETES MELLIT 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXP	G () 20b. DE: DEATH AMINER)	SCRIBE HOW INJURY OF	CCURRED. (Ente	r nature of	injury in Par	t I or Part II o	of Item 18.)		
20c. TIME OF INJURY Month, D	ay, Year 20d. INJ	URY DCCURRED 20e. 1	PLACE OF INJUR	RY (Home, fa	rm. 20f. (0	(Ity or town)	(County)	((State)
20c. TIME OF INJURY Month, D Hour a.m.	19 White at work	Not While fa	ctory, street, of	fice bldg., et	(c.)				
21. I certify that (I) (this I	opspital) attended	the deceased from	VOVEMBER	26 19	65 to J	ANUARY	5, 1966	that (I) (we) last
saw the deceased alive on.		19 66 and t							
22a. SIGNATURE	` ^	,					22b. DATE S		
Florence Der	unger Yo	y CO MP	M.D. PHYS.	NG NG	MED. DIRECTOR	STAFF PHYS.	1-5-	65	
22c. PHYSICIAN'S				DDRESS					-
NAME (Type LORENCE	E DERINGER	JOYCE, M.D.	VAH,	FORT	HOWARD	, MARYL	AND		
	THE THEREOF	23c. NAME DF CEMET	ERY OR CREMA	TORY	23d. LOC	ATION (City, to	own or county)	(S	tate)
BURIAL (Soecity) 1-1(0-1966	GOOD SHEPHE			ROC	KLAND.	MARYTANE	,	
	7 W. NORTH		ner)	25a. REC	D BY REGIS	TRAR 25b. R	GIŞTRAR' SIC	PATURE	2.
*******	TIMORE. MA			DATEJAT	17 1	966 /	marces	Jun J	
				DAID	- 9	1 0			

VR AI5 (4) 2DM 1/65 TO DEPUTY MED. EXAMINER: This mertificate simulate member in ithin 24 flours after death. If any lielay cessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1.2, and 3.5. A funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

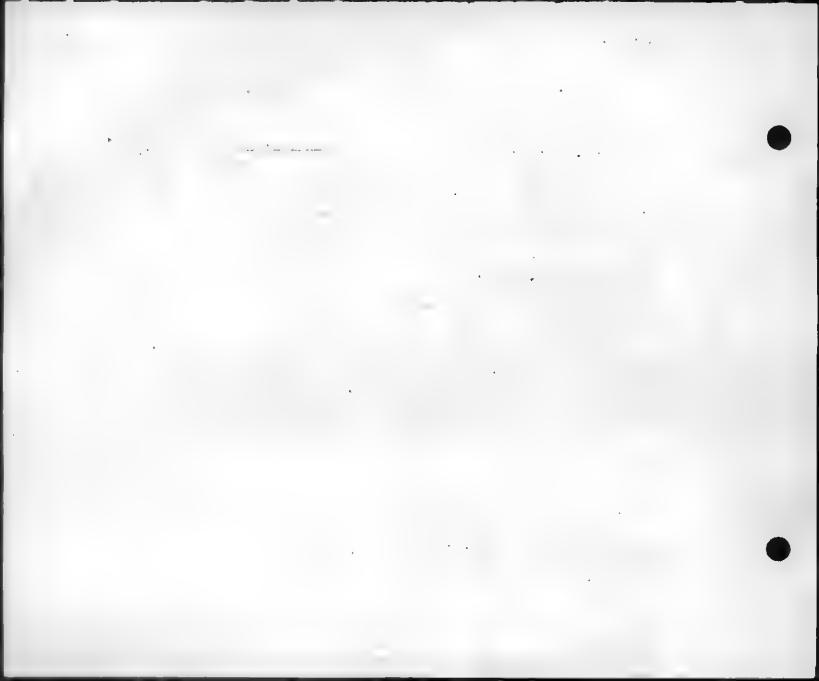
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any Event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

	*******	Maria Cittie ne			
Division of STAT	FISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
00386			CERTIFICATE		0037

a. COUNTY	a. STATE b. COUNTY						
Balto. MARYLANO	Md.						
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)						
Towson	Towson, Md.						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS Rd. e. IS RESIGENCE ON A FARM?						
St. Joseph Hospital	7620 York Rd. 622 Benninghaus YES NO 19						
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year						
	Muller DEATH Jan. 15 19 66						
5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIEO 8	last birthday) Months Days Hours Min.						
	1/11/96 69 yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Retired	Maryland						
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME						
MAX B. MULLER	EMMA MARIE HANEL						
(Vet no or unknum) (If vernish was no dates of survice)	INFORMANT Address						
Yes WWI 214-14-1089	TAMILY, BAM						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)/]	INTERVAL BETWEEN ONSET AND OEATH						
PART I. OEATH WAS CAUSEO BY:	Kytographogo, Ky						
H4"X DUE TO Z	17 / 5-41						
Conditions, If any, which) (b) All Dullon	unservice o'no						
gave rise to immediate cause (a), stating the OUE TO	of the same of the						
underlying cause last. (c) () the last last last last last last last last							
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 49. WAS AUTOPSY PERFORMED?						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO SEATH BUT NOT REL	YES NO -						
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUM	RREO. (Enler nature of injury in Part I or Part II of Item 18.)						
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm. 20f. (City or town) (County) (State)						
Hour a.m. While Not While p.m. 19 at work at work	y, street, office bldg., etc.)						
p.m. 19 lat work] at work] 21. I certify that 7 took charge of the remains described above, held	d an Autopsy . Inspection . Inquiry . and in my opinion						
death resulted from Natural causes Accident . Suice							
death resided John Waturai Causes Accident , Suit	CHIEF MEDICAL EXAMINER						
LACTUAL VIII MILLS THE DOLLAR OF	22. DATE SIGNED						
SIGNATURE	DEPUTY MEDICAL EXAMINER						
EXAMINER'S NAME (Type)	Address (Street, cily, town, or county)						
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY							
REMOVAL (Specify)	Batto. M.D.						
24. FUNERAL O RECTOR ADDRESS	25a. REC'O BY REGISTRAR, 25b. REGISTRAR'S SIGNATURE						
VM Cully turned Home 1301= Fort	gre DAN 18 1966 Milionlas Judge						

VR A15ME (5) 5M 1/65



13

23. FUNERAL DIRECTOR'S SIGNATURE

MEARS & SON 805

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 18

	00387	CERTIFICA	ATE OF DEATH	l	Reg. Dist. No	100	511			
	BALTIMORE	MARYLAND	2 USUAL RESIDENCE (Who o. STATE	ere deceased lived If institution b. COUNTY	n- Residence befo	ore odmiss	on)			
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside carparate limits, write RU	RAL and give ne	arest town)			
L	Towson		BALTIMO	ORE		30.	- 4			
l	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION HESAPEAR MANOR		d. STREET ADDRESS	~		e. IS RESIDENCE ON A FARM?				
=			$6E.R_1$	EED ST.			NO X			
ľ	DECEASED									
5	HILDO HARIE	RIED NEVER MARRIED	B, DATE OF BIRTH	UAIVe	IF UNDER 1 YEAR		19 66			
	FEMALE WHITE WIDOW		Dag 25 108		Months Days	Hours	Min.			
	0a USUAL OCCUPATION (Give kind of work done: 10b.		STRY 11. BIRTHPLACE (Stote of		12. CITIZEN C	OF WHAT	COUNTRY			
P	ERSONEL DEPT.	. & P. TEL. Co	BALTIMOR	RE. Mr.						
ļī:	3. FATHER'S NAME		14. MOTHER'S MAIDEN N							
	JOSEPH F. MULLEN		ANNTE	S. WHERRET	TT.					
Ţ	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT	Addre	155					
Ľ,	(if yes, greated in color of invital)	J_{\bullet}	B. NEGLEY 5	23 WINDWOOD	Rn.					
Г	18. CAUSE OF DEATH [Enter only one couse per li		^		INT	ERVAL BE				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b)	Huadah	Porumona		ON	SET AND				
	OT 3UG X DUE TO	//	_	_			- The state of the			
(Conditions, if ony, which) (b) Combrat Thrombras RT. Ermones Critical Thrombras										
L	gave rise to immediate DUE TO	(, 0				7 /				
1_	lying couse lost. (c)	Cortino S.				1 4xx 0.				
NOITAL	PART 11. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVE	N IN PART I(o)	PERFO	AUTOPSY RMED? NO			
CEOTIE	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort t or Part II of item 18.)						
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Hour a. m. While of wor	Not while for	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f (City or town)	(County)		(Stote)			
1		·	-281965 to 5	16. 2. 2						
ı	21. I certify that I attended the deceas			Jennary-, 1966	,that I last s	aw the	deceased			
П	alive an	, and that death		M, fram the causes an			ed above LTE SIGNES			
П	ACTUAL CINELINATURE	1-	1 :		2 m	DA.	1/2 </td			
Г	1		M.U				1-21			
	PHYSICIAN'S C WILGO STE	enout								
2	20. BURIAL, CREMATION, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, lown, or	county)	(Stote)			
L	BURTAL Specify 1/28/66	DRUID RID	GE	PTKESVTLL	gr.	Mn				

DRUID

ADDRESS

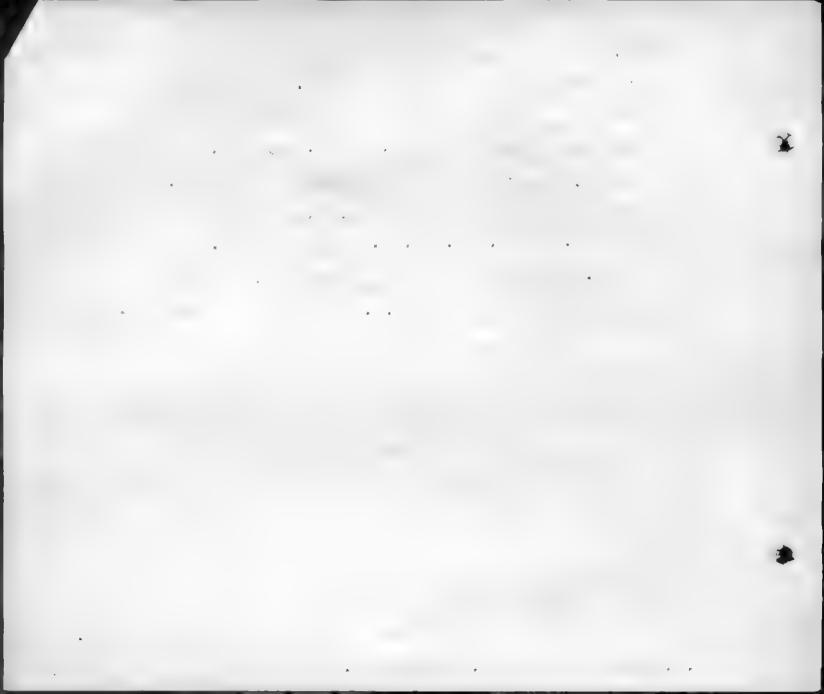
RIDGE

1966

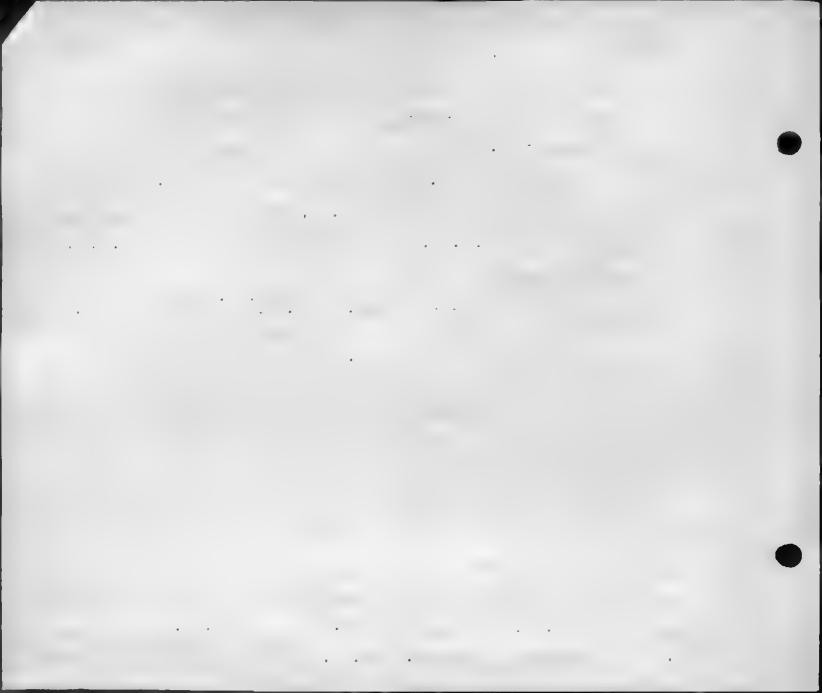
DATAN 2 8 196

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VS A15 (4) 15M 10/57



ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00389MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. I institution Residence before admissipp Baltimore Baltimore b. COUNTY Maryland b COUNTY 3 to Page 0 death. MARYLAND afe Department C TY OR TOWN (if outside corporate limits write RURAL and give nearest town) CLENGTH OF STAY IN b c CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) and after Towson Towson d NAME OF HOSPITA d STREET ADDRESS e IS RESIDENCE farm haurs ON A FARM? Joppa Rdo Pages NO PO hours after death alang with Joseph Thomas Nelson, 3. NAME OF DATE Last DECEASED OF January 30, the within (Type or print) DEATH with SEX DATE OF BRTH 9 AGE (In years birthdoy) AT White Male April 5. DIVORCED Item 1 Off.ce c\ and o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT framost of working ite, even if retired) Self moloued COUNTRY 15 A Maryland Ξ Examiner's bages ö pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME w.thin Ξ Joseph Thomas Nelson Margaret Ireland File and IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address executed pending r (YA) no or Linknown) (If yeth ye war or dotes of service) permit. removal, tamily records 18. CAUSE OF DEATH (Enter only one couse per line for yo) INTERVAL BETWEEN ONSET AND DEATH burial-fransit PART I. DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (o) Word This certificate shauld crematian, DUE TO Conditions, if any, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse ie, writing the last. burial, PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? the certificate. NO priar ta 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW IN. RY OCCURRED (Enter nature of injury in Port L or Port L of Item 18) plrods PRIMARY OF CONTRIBUTING **CAUSE OF DEATH** its designated agent, 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month Doy Year 20f (City or town) (County) (Stote) Hour o.m. Whife Not While foctory, street, office bldg., etc.) DIRECTOR: Page of work of work 21 I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry end in my apinian the funeral directar. Suicide . Accident Homicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22., DATE SIGNED FUNERAL O DEPUTY may be Health ar i DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) BUR AL CREMATION DATE THEREOF 23d LOCATION (City or Town) (County) (State) Loudon Park Cemeteru Baltimore. Parulana 24 FUNERAL DIRECTOR 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) John Burns Sons, Towson. 1966 6M 1/66



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please femore carbon papers. Pages, 1 and 2 should be filed with the State Dept, of Health prior to burial, cremation, or removal, and in buy event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The far regules that the leath certificate be executed within 24 flours after with.

Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

- I		000		O	LKIIFIGMI	OI DEATI	<u> </u>		MAX.
1	1.	PLACE OF DEATH	0-			2. USUAL RESIDENC	E (Where deceased lived, If i		before admission)
/1		a. COUNTY	130/40			a. STATE	Dulana b. COL	INTYDOLL	110 W F
	_	h CITY OF TOW	N (If outside corporate II	mits I c / FN	MARYLAND GTH OF STAY IN 1b	C CITY OF TOWN THE	outside corporate limits, v	write RIPAL and gi	va nearest town)
		WILL RURAL	and give nearest town)	into, C. EEN		C. CIII OK IONN (II	ogested corporate minter	illes thousand and Si	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		(5-1) K/	(50N)	1/9	R 2MOS	GARR	180N	(
		d. NAME OF HOS	PITAL OR INSTITUTION (I	i not in hospital, i	give street address)	d. STREET ADDRESS	, 1	11 11 11	ON A FARM?
		FOX	15154 NU	PEINICE .	HOME	PEISTER	x town sun!	PALLEUMD.	YES NO Z
	3.	NAME OF	First	norny i	Middle	Last	4. DATE Mon	ith Day	Year
		DECEASED	D.	1:0	11/4	1100000	OF DEATH	/ /.3	11
	F.	(Type or print)	6. COLOR OR RACE 7	1/1/	7/0	B. DATE OF BIRTH		S IF UNDER 1 YEAR	19 6 6
	U4	-	o. COLOR OR RACE 7.	MARRIED [NE	VER MARRIED	S. DATE OF BIRTH	last birthday	Months Days	Hours Min.
				VIDOWED	DIVORCED -	JULY 30 1	3 /3 90 yrs.		
	10a	USUAL OCCUPAT	ION (Give kind of work done ng life, even if <u>re</u> tired)	10b. KIND OF E	SUSINESS OR	11. BIRTHPLACE (C	ounty & State, of foreign count	7) 12, CITIZEN COUNTRY	OF WHAT
	2011	NURS	F - PN	h /	ONE	BALTI	YORE MARYX		JA.
	13.		E	1 / 4	UIVE	14. MOTHER'S MAIL		711 80	
	1	11/1.	111 1/61	mod			50 UPILL	2 r p	
	15	WAS DECEASED	EVER IN U.S. ARMED FORCE	SZ I 16 COCIAL	SECURITYNO. 17.	INFORMANT	Addr Addr	1000	
	(Ŷe	is, no, or unkown)	(If yes give war or dates of sen	rice)	1111	THE OWNERS	Dil	10 1	
		NO		220-	50-4479 4	R. MRLC	OLM FHIA	TOT	
		18. CAUSE OF	DEATH [Enter only one ca	use per line for (a	a), (b), and (c).]	,			ERVAL BETWEEN
		PART I. DE	ATH WAS CAUSED BY: IMMEDIATE GAUSE (a)_	Va	eemon	-d .			Say 3
		11.11 4	s.d						
		Gonditions, If	DUE TO						
D.		gave rise to	immediate (
		cause (a), s							
	z	underlying caus						11010714	WAS ALTODOV
1	110	PARTII.OTHERS	IGNIFICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINALI	DISEASE CONDITION GIVEN I	N PART 1(a) 19.	WAS AUTOPSY PERFORMED?
(-	ICA	(70	nerel(269	Hr	Tours	Louses		YI	ES NO
	CERTIFICATION	20a, ACCIDENT	WAS UNDERLYING	20b. DESCRIB	E HOW INJURY OCCU	RRED. (Enter nature o	f injury in Part I or Part II	of Item 18.)	
	8	(IF EITHER, NO	NG () CAUSE OF DEATH (IFY MEDICAL EXAMINER)	1					
	¥	20c. TIME OF	NJURY Month, Day, Year	20d. INJURY O		CE OF INJURY (Home, fa		(County)	(State)
	MEDICAL	Hour a.r		While Mot	Wille - 1	ry, street, officebidg., e	tc.)		
	Σ	p.1			work 🔠	n 40 0 1 -	2001 - 200	2 40 // 11	100 1100
		21. 1 certif	y that (1) (this hospital				954, to Den. 1		
	П		ceased alive on	an 11	19 <u>66</u> , and that	death occurred at	KYS AM, from the cause		
		22a. SIGNATUI	RE . ()	1 00	1	ATTENDING -	MED. STAFF	22b. DATE SI	GNED
		130	very X	Mul	M.D	, PHYS.	MED. STAFF DIRECTOR PHYS.	1-1	3 66
,		22c. PHYSICIA NAME (T		17	00 11	22d. ADDRESS	A / "	0111	1.11
1		(I)	tac.	0 t-	11/1/4-2	L.4500	Kd. Sv.	Cua, //	1 - 1
	23a	BURIAL, CREW	ATION, 23b. DATE THE	REOF 23c	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county)	(State)
1	1	REMOVAL (Spi	elfy) au 15.1	966 (7	only Le	me Center	1 Dallem	nt Co.	med
1,	24		Man a	,	ADDRESS	25a, NE	C'D BY REGISTRAR 25b.	REGISTRAR'S SIGN	NATURE
1	1/1	1 July	RIST	, 105	o youl 10	1 107	177 1000 0	Elizaber O	
17		1 417-	Brosser / W	my of my	sol mo	DATE	10001 //-	The state of the s	up.



TO DEPUTY MINICAL EXAMINER: This certificate should be executed within 24 hours after death. It any convince the please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File page 17 and 14 with the State Board of Aleath, or is designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 7/59

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

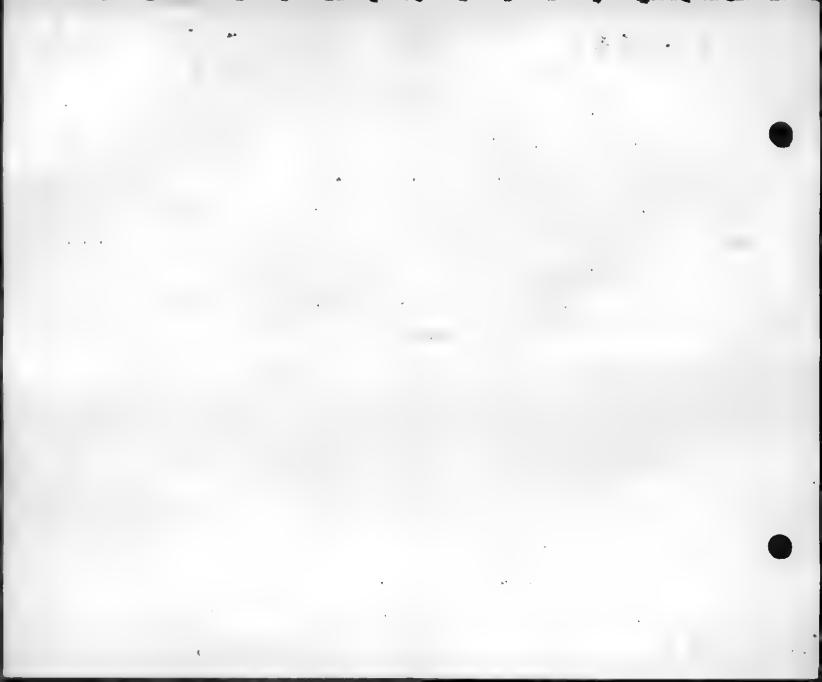
	TOUD T	111284
	1 PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution. Residence balora admission)
	Baltimore MARYLAND	a. STATE BOUNTY Baltimore
	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town)	c. C TY OR TOWN (If aulside corporete I m ts, write RURAL and give nearest lown)
	d. NAME OF FIDSTITAL OR INSTITUTION (if not an hospitel, give street address)	d, STREET ADDRESS
٩	110 Walnut Avenue	110 Walnut Avenue
	3. NAME OF First Middle DECEASED	test 4, DATE Month Day Year
	(Type or print) Johnnie C. Norfle	- To O.C O.C.
	7. 777 18112 72 187 187 187 187	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	m Negro WIDOWED DIVORCED	Aug. 5, 1897 lest bighdey) Months Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	Longshoreman Shipping	Rockymount, N. C. U.S.A.
ı	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Norfleet 15 WAS DECEASED EYER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) i (Ifyesgivewerordelesofservica)	Sallie Baker Address
		nora Norfleet 117 Sollors Pt. Rd.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Could Musica	ulicil Infrartion ONSET AND DEATH
	4201	
ļ	Conditions, if ony, which ? (b) arleroscler	utic Heart Disease
-	gave rise to immediate cause	in the state of th
	(a), stating the underlying cause last. (c)	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ı	Iš	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	inter neture of Injury in Pert I or Part II of Item 18.)
	3 20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, ferm, 20f. (City or town) (County) (State)
	20c. T.ME OF INJURY Month Dey, Yeer 20d. INJURY OCCURRED 20e. PLA Hour a.m. p.m. 19 at work at work	ory, street, office bldg., etc.)
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes . Accident . Suice	
	5 0-71	CH.EF MEDICAL EXAM NOR
	ACTUAL THEN C. COLLEGE	ASSISTANT MEDICAL EXAMINER DATE BIGNED
,	SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER \$\ \textbf{1} \]
	NAME (1700) Theodore C. Patterson, M.	D. Address (Street, city, town, or county) 105 Main Street
	226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or country) (Slata)
	BURIAL FEB. 1. 1961. AR hulles CE	MELERY BALTO, MD.
1	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
2	MORTON AND DYELL 1701 LAGRENS	ST. DATE 1 1866 Juliantes Judge



	MARYLAND STATE DEPARTMENT OF HEALTH	
AL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1, MARYLAND

	DIVISIO	N OF STATISTIC	CAL RESI	EARCH AND RECOR	DS, 301 W. PREST	DN ST	REET, BALTIN	IORE 1, N	ARYLAND		
00	392 🏂		Thom	CERTIFICA	TE OF DEAT	H T		1	14355		
1.	PLACE OF BEAT	BALTIMORE	- 	MARYLAND	a. STATE	MARYI	AND b. CO	Institution: R JUNTY	tesidence before a	dmission.	
l	CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENCTH OF STAY IN 1		lf outside	corporate limits,	write RURAL	and give near	est town)	
	FORT HO		,	18 DAYS	BA	BALTIMORE					
	d. NAME OF HO	SPITAL OR INSTITUTION	N (if not in I	hospital, give street addre	d. STREET ADDRES	S			e. IS RE	SIDENCE FARM?	
	VETERANS	ADMINISTR	ATION 1	HOSPITAL	1029 WED	GEW00	D ROAD		YES	ND X	
3. 1	NAME OF DECEASED		rst	Middle	Last	4. D		nth	Day Y	ear	
(Type or print)	MORR	IS	I.	OPSAHL		eath JA	NUARY	3 19		
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED			8. DATE OF BIRTH		9. AGE (in yea last birthda	rs IF UNDER 9) Months	Days Hours			
	ALE	WHITE	WIDDWEL			1935	30 yrs.				
durin	g most of work	ION (Cive kind of work ing life, even if retire	d) (KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & :	State, or foreign cour	CC	ITIZEN OF WHA DUNTRY?	11	
	ECHANIC FATHER'S NAM		R	EFRIGERATION	OKLEE,			U	.S.A.		
13.					14. MOTHER'S MA	IDEN NAN	n E				
15		OPSAHL EVER IN U.S. ARMED FO	DDEC2 16	SOCIAL SECURITY NO. 1	7. INFORMANT	AVIK	Add	Iress			
(Yes,	ne, or unkown)	(If yes give war or dates o							AVII DD		
-	YES	PL 28		472-34-9361	CLIN. RECORDS	VA , C	HOSPITAL	FT H	OWARD,		
ш		DEATH LETTER ONLY OF EATH WAS CAUSED BY		line for (a), (b), and (c).	nn.				ONSET AND	DEATH	
	9 ,	IMMEDIATE CAUSE		ODGKINS DISEAS	2E				UNKNO	MM	
	0-01.	X DUE	TO								
	Cenditions, If gave rise to	Immediate	(p)								
	cause (a), s			,							
	underlying_caus		(c)	SUTING TO DEATH BUT NOT R	FLATED TO THE TERMINAL	DISFASE	CONDITION CIVEN	IN PART 1(a)	119. WAS A	UTOPSY	
CERTIFICATION				2011011			0110171011011		PERFO YES X	RMED?	
뛜	2Da. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY D	CCURRED. (Enter nature	of Injury	In Part I or Part I	l of Item 18	1 50.00	No []	
EB	DR CONTRIBUTI	INC CAUSE OF DEA	TH NER)								
		INJURY Month, Day,		INJURY OCCURRED 20e. I	PLACE OF INJURY (Home,	farm, 2	Of. (City or town)	(Cor	inty)	(State)	
MEDICAL	Hour a.r		While at wo	S the life talling bear		1					
				ded the deceased from_	12/16/65,	19	t=1/3/66		, that 30 +		
	saw the de-	ceased alive on	1/3/6	19, and t	hat death occurred at	IV:Z	(Nom the cause		he date state Ate signed	d appae	
	ZZZZ. STUNATU		. 4		ATTENDING	MED.	STAFF	7 7	alconer		
	220 PHYSICIT	C / all	NU_	<u> </u>	M.D. PHYS	DIRECTO	OR PHYS.	X 1/	3/00	_	
Li	NAME (T	une)	D. TAL	BERT, M. D.	VAH FO	RT HO	WARD, MAR	YLAND			
23a.	REMOVAL (Sp	AATION, 23b. DATE	4	23c. NAME OF CEMET		23d	LOCATION (City		unty) (S	State)	
24.	BURIAL FUNERAL DIRE	Jan.	6, 19	BALTIMORE	NATIONAL 253	ECID DV	BALTIMORE REGISTRAR 256.	REGISTRAD	S SICHATURE		
24,	ONERNE DIKE	LOTON		WITZKE FUNE	RAL HOME	AN A	1966	Clion	les Jorda	L.C.	
				4101 Edmond	son Ave Bal	timór	e, Ma	/		z <u> </u>	

VR A15 (4) 2DM 1/65





MARYLAND STATE DEPARTMENT OF HEALTH



after death, funeral death, OUTS oon papers. Pag within 72 hours Ξ fille carbon event, campie emcuted кеточе pu physician in please xe wal, and in a cartificate be removal, ed by the attemetransit permit. n signed by the burial-transit p burial, cremati has been s as the bu prior to bu for use Health certificate this cerum detached for After retained T DIRECTOR: 13ge 3 should lied with the OR be page TO FUNERAL director, p

MARYLAND STATE DEPARTMENT OF THESE TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00395 CERTIFICATE OF DEATH 123a, b, c-& of Film 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) PLACE OF DEATH a. COUNTY BALTIMORE a. STATE BALTIMORE

b. CITY OR TOWN (if cuts de corporate limits, write RURAL and give nearest town) Maryland MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Dundalk 12 days Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 13 Kinship Road Greater Baltimore Medical Center NO FE YES NAME DE Middle Last DATE Month Day Year DECEASED 19 66 (Type or print) Pawilonis DEATH January Rose Anastasia 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR OF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Days Hours Fem. Cau 8-24-86 WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Homemaker Lithuania unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 177-14-6691 Patient's chart 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Recent myocardial infarction IMMEDIATE CAUSE (a) Vrs DUE TO Conditions, If any, which Arteriosclerotic cardiovascular disease 13 yrs gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATI Acute pyelonephritis and biliary obstruction due to duodenal diverti-YES T NO F 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from Jan. _ to Jan_ 1966 19.66. that (I) (we) last 1966 saw the deceased alive on Jan. and that death occurred at 11:500M. from the causes and on the date stated above. 22b. DATE SIGNED 228. SIGNATURE STAFF ATTENDING 1-17-66 M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) Greater Baltimore Medical Center Edmund Lively NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) REMOVAL (Specify) Buria. 1 25b. REGISTRAR'S SIGNATURE 258. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

Ullrich Funeral Home 1210 Belair Rd.

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

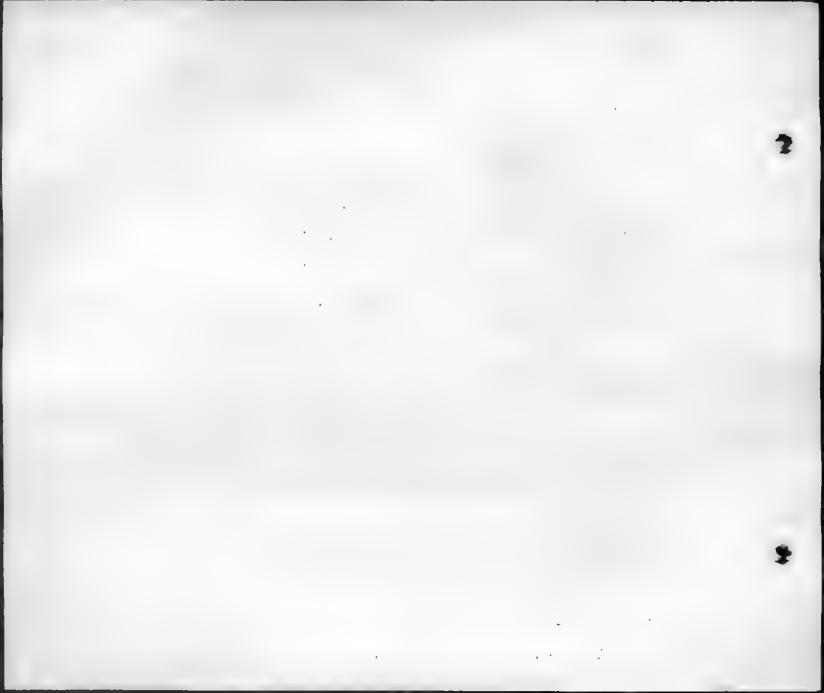
00289

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	II a STATE	Mary 1		lived. If institution b. COUNTY	on: Residence	before admi	ssion)
b. CITY OR TOWN (II RURAL ond give re Roseda.1	f outside corporate limitarest town)	s, write	c. LENGTH OF STAY IN 18	c. CITY OR	Rosed		ate limits, write RI	URAL and giv	ve nearest tax	vn)
d. NAME OF HOSPIT	AL (If not in hospitol, g		oddress)	d. STREET A		Montro	ose Avenu	ie	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir FR	ANCES	Middle	PAZOUREK	i†	4. DATE OF DEATH	Januar		30 20	Year 19 66
5 SEX Female	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED	Jan. 11,	-00-		9. AGE (In years lest birthday) BL yrs.	7.1	YEAR IF UNI	_
10a. USUAL OCCUPATION during most of work Housewill	ON (Give kind of work or ing life, even if retired	ione 10b.	KIND OF BUSINESS OR INI		ACE (Stole o			12. CITIZI	EN OF WHAT	COUNTRY
13. FATHER'S NAME	d=2			14. MOTHER'S						
	Thomas Gum				nigund	a Wagr				
Yes, no, or unknown!	R IN U.S. ARMED FOR (If yes, give wor or dates of s			Thomas J.	Pazou	rek	314 S. C		n Stre	eŧ
Canditions, if a gave rise to it cause (a), stating lying cause last.	mmediate bull to the under-)	MOUTE	17/510	<u> </u>		SUISE MI			70
PART II. OTH	IER SIGNIFICANT CON	DITIONS 6	CONTRIBUTING TO DEATH B	SUT NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART	PERF	S AUTOPSY FORMED?
	S UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUP	tRED, (Enter nature c	of injury in P	ort I or Part	If of item 18.)			
70c TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED 20e. Not while t or work	PLACE OF INJURY (factory, street, affic			ar tawn)	(Co	ounty)	(State
saw the deceas	it (I) (Ib is haspital sed ative an <u>1</u>	attend	led the deceased frame							
229 SIGNATURE	Pag	مبي	why	M D. PHYS		D RECTOR	STAFF PHYS.		2-1	226 DATE SIGNED - 66
22c PHYSICIAN'S NAME (Type)	AWRENCE	1.	PAZOUNER	22d ADDR	ISS P	HILAD	ELPHIA	RD	313	06
23a BURIAL, CREMATIO	2-L-1966)F	23c NAME OF CEMETERY				TON (City, town,		(51	tate)
DULTAT			Holy Redeen	me r.	1		nore, Mar		LI LTUDE	
Lilly & Ze		190	ol Eastern Ave	9.	FL D	BY REGIST		STRAR'S-SIGI	A CI	AB

may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this cert ficate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave-carban papers. Pages I and 2 shauld be filled with the State Board of Health prior to burial, crematian, or remayal, and in any event, within the detached far use as the burial, crematian, or remayal, and in any event, within the state death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VR A15 (4) 15M 9/59

after death. Page 4



Catonsville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

ON A FARM?

Year

PERFORMED?

and In my opinion

22. DATE SICNED

(State)

NO III

(State)

YES |

19

Hours

NO P

EE A15ME (5) 1/65



FOR STATE HEALTH DEPT.

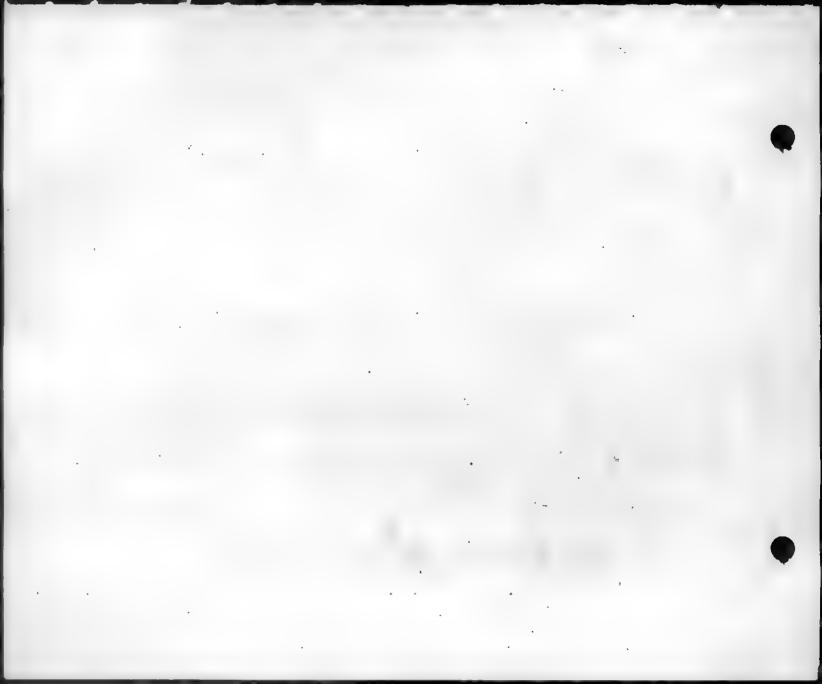
TO DEPUTY MEDIAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Fages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examinar's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ŧ	UUSSS WEDICAL EXAMINER S	CERTIFICATE OF BEATH
47	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
П	Baltimore MARYLAND	a. STATE Maryland b. COUNTY Balti ore
\vdash	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
П	Catonsville	Gwynn Oak
H	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	SPRING GROVE STATE HOSPITAL	3100 Denna hoad ON A FARM?
13	3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Year
	(Type or print) Sarah	Pfeffer DEATH January 17 19 66
1	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. lest birthday) Months Days Hours Min.
П	female white WIDOWED DIVORCED	April 9, 18, 1 74 yrs. Mondis Bays Roors Min.
1	Oa. USUAL OCCUPATION (Give kind of work done lob, Kind OF BUSINESS OR luring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	housewife	Mary and U.S.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	unknown	unknown
		INFORMANT Address
1	un.covn 213-18-3390 Re	cords: SFRI G CHOVE STALL AND I AL
=	18. CAUSE OF DEATH [Enter only one couse par line for (a), (b), and (c).] frC	ut a congressi ve ha mt di acces l'INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Arter osclerotic	
	10 A DUE TO	
	Conditions, if eny, which) Diabetes mellitu	19
	geve rise to immediate (
	ceuse (a), stating the DUE TO underlying cause last. (c) Fracture of right	patella
la		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	Diabe es mellitus	PERFORMED? YES NO X
A CONTRACT OF STATES	208. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING CAUSE OF DEATH.	DRRED. (Enter nature of Injury in Part I or Pert II of Item 18.) On 12-19-65 tome 'ustaining undisplaced fric. of rt.
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	CE OF INJURY (Home, farm.) 20f. (City or town) (County) (State)
	8:00 p.m. 12-19465 at work of while 3	at home
4	21. I certify that I took charge of the remains described above, he	ld an Autopsy [], Inspection [X], Inquiry [X], and in my opinion
	death resulted from: Natural causes , Accident , Su	icide, Homicide, Undetermined manner
	1. h. K. 11.	CHIEF MEDICAL EXAMINER
1	SIGNATURE SIGNATURE	M.O. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
	EXAMINER'S	DEPUTY MEDICAL EXAMINER 1-17-66
`	RAME (Type)	Address (Street, city, town, or county) 1010 Leeds Ave.
2	236. BURIAL, CREMATION, 23b OATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
1	24. FUNERAL DIRECTOR AOORESS O	25a. REC'O BY REGISTRAR! 25D. REGISTRAR'S SIGNATURE
X	Sylvan S LouiseSon, the 3319 04mg	De Condate N 20 1873 Bluerlas Judge
		TARELY AS VIOLED



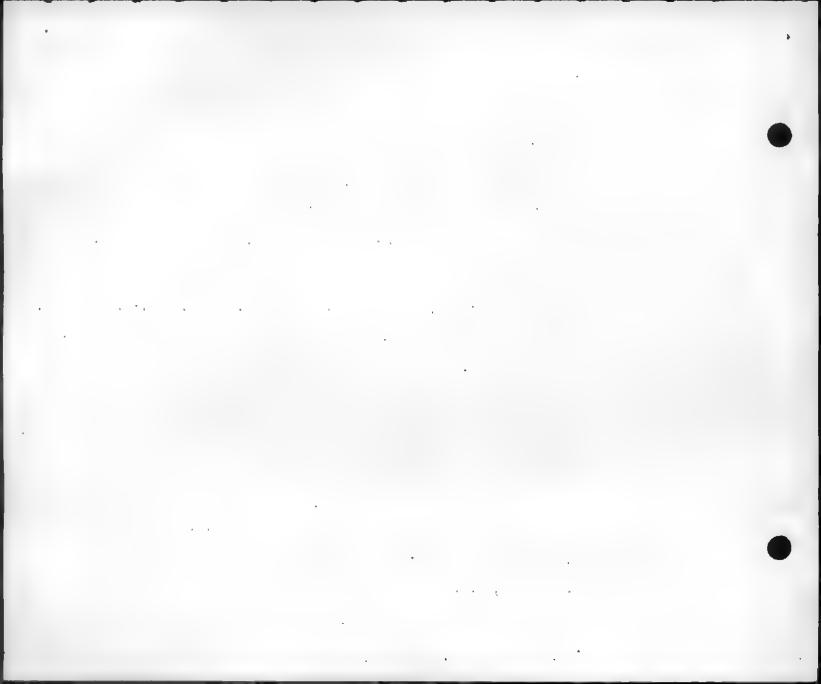
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete this led in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, pepers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND.

CERTIFICATE OF DEATH

O DO O O DENTITION	E OI DEATH	110000 _
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: F a. STATE b. COUNTY	tesidence before admission)
Baltimore MARYLANO	a. STATE Maryland b. COUNTY	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
Fort Howard 1 day	Baltimore * '/	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	6. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	3817 3rd Street	YES NO K
3. NAME OF First Middle DECEASED (Type or print) ANTHONY JOSEPH P	Lest 4. DATE Month DF DEATH January	19 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	R DATE DE RIGITH 19 AGE (In years LIE!/NDER	1 YEAR IF UNDER 24 HRS.
Male White WIOOWED OIVORCED	10/14/11 last birthday) Months	Oays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	1 11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
Truck Driver Trucking Compan		U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Joseph Piccarello	Pasqulina Caurolla	
15. WASDECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) [(If yes give war or dates of service)]	INFORMANT Address	
	in. Rec. Vets. Admin. Hosp. Ft. H	oward.Md.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN
PART I. CEATH WAS CAUSED BY: Arteriosclerotic	Heart Disease	Years
4200 OUE TO		
	hycardia with Heart Failure	Days
gave rise to immediate cause (a), stating the OUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUTNOTRELA 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO T
	URREO. (Enter nature of Injury in Part I or Part II of Item 18	3.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (Coupry, street, office bldg., etc.)	unty) (State)
Hour a.m. While Not While p.m. 19 at work at work	ory, street, o meaning., etc.)	
21. I certify that \$0 (this hospital) attended the deceased from a	nuary 18 1966 to January 1919	66, that (F (we) last
saw the deceased alive on January 19 19 66, and tha		
22a. SIGNATURE	22b. C	IATE SIGNED
John I Jalbert M.	7	19/66
22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS	
JOHN D. TALBERT, M.D.	VAH Fort Howard, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'		
Burial 1/24/66 Raltimore Nat	ional Baltimore, Mary	lend
21/11/2011	1 1 1 1 1 1 1 1 1	
George J. Gonce Ritchie High	OAIL	y more
Daitimore,	MUL •	V

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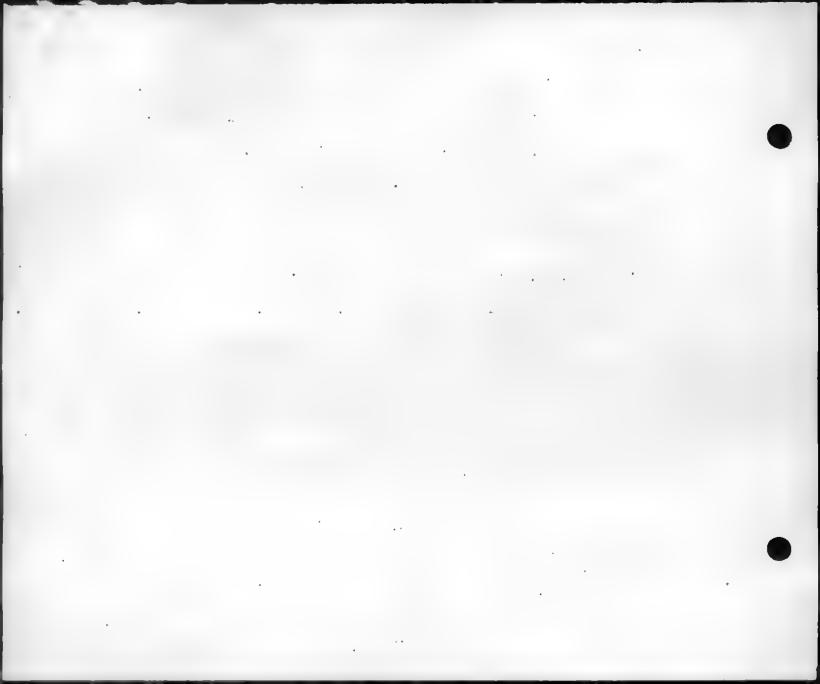


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Their please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removar end, in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate Be executed within 114 hours after death. Page 4 may be retained by the Hompital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0040	U		CERTIF	IUAII	UF DEALF	1		1111	
1.	PLACE OF DEATH	1				2. USUAL RESIDENC	CE (Where	deceased lived, If ins	stitution: Residenc	e before admission)
	a. COUNTY	Baltimo	re			a. STATE		P. CONV		
_	h CITY OR TOW			C. LENCTH OF STA	YLAND	Maryland	Caudaldo -	A .	A .	hun magnat tau-
	write RURAL	N (if outside corporate and give nearest town		C. LENGIN OF STA	AT IN TD	c. CITY OR TOWN (If				IVB HEAFEST (OWN)
	d NAME OF HOS	のいらされ SPITAL OR INSTITUTION	17-3	anital glue atorat	nddganc)	Annapolis	- (Cider Jug		a. IS RESIDENCE
	u. MAINE OF NO				addréss)					ON A FARM?
7	MANUE DE	St. Jos				Melvin Rd		·······	<u>`</u>	YES NO
3.	NAME DF DECEASED	Fire		Middle		Last	4. DAT			
E	(Type or print)	Ha	rold	С.	Pi	llsbury	DEA	ale	12	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRII	ED 🔲 🏅	. DATE OF BIRTH				Hours Min.
	Male	White	WIDOWEO			4-19-1897		68 yrs.		
10a duri	. USUAL OCCUPAT Ing most of work	ION (Cive kind of work ding life, even if retired	one 10b, Kil	ND OF BUSINESS O	R	11. BIRTHPLACE (C	eunty & Sta	ate, or foreign country) 12. CITIZEN COUNTR	
	Physicia			f employe	d	Maryland	l		1	
13.	FATHER'S NAM	E	- 1	, , , , , , , , , , , , , , , , , , ,		14. MOTHER'S MAIC				
	Dr. Wil	lliam J. Pil	llsbury			Lotta Cı	rocke	tt		
15. (Yes	WAS DECEASED !	VER IN U.S. ARMED FOR (If yes give war or dates of	CES? 16. S	OCIAL SECURITY N	0. 17.	INFORMANT		13009 ME	ellin Av	venue
	Yes	World Wars	L & II		Mr.	Harold C.	Pill:			
T	18. CAUSE DF	DEATH [Enter only one	cause per lin	e for (a), (b), and (INT	ERVAL BETWEEN
		ATH WAS CAUSED BY:	3.6			chnoid Hemo	zezelo e		ON	SET AND DEATH
	200)	IMMEDIATE CAUSE (MODIA D	noar.g	cumora Mello	ណេសមាត	,e		
	Conditions, If	OUE T	_							
	gave rise to	Immediate /	b)							
	cause (a), st		0							
_	underlying caus		c)							
CERTIFICATION	PART II. OTHER S	ICNIFICANT CONDITION	IS CONTRIBUT	ING TO DEATH BUT	NOTRELA	TEO TO THE TERMINAL (DISEASE CO	ONOITION CIVEN IN	PART 1(a) 19.	WAS AUTOPSY PERFORMED?
2									Y	ES NO
=	20a, ACCIDENT	WAS UNDERLYING	20b. 06	ESCRIBE HOW INJU	JRY OCCU	RREO. (Enter nature of	f Injury in	Part I or Part II o	f Item 18.)	
	(IF EITHER, NOT	NG ☐ CAUSE OF DEATI TIFY MEDICAL EXAMIN	ER)							
몽		NJURY Month, Day, Y	ear 20d. IN	JURY OCCURREO	20e. PLA	E OF INJURY (Home, fa	arm, 20f.	(City or town)	(County)	(State)
MEDICAL	Hour a.n		While	Not While	racto	y, street, office bldg., e	tc.)			
≥ .	p.n		at work	at work	r 7	/6/ .19	0.66	0 1/12/	10 66 1	hat (I) fund look
		y that (I) (this hospi ceased alive on_1/	12/			death occurred at 3	3-00, t	from the causes		hat (I) (we) last
	22a. SIGNATUR		44		enu mat	death occurred at	P.	HOW THE COUSES	1 22b. DATE SI	
		gnald & R	lladr	man	M.O	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1/12/	
	22c. PHYSICIA NAME (Ty	N'S				22d. ADORESS				
		Reynald	o P. Me	drinan		7620 Yor	k Rd.	. Baltimo	re, Md.	21204
23a.	BURIAL, CREM	ATION, 23b. DATE TH	IER EOF	23c. NAME OF C	EMETERY	OR CREMATORY	23d.	LOCATION (City, to	own or county)	(State)
	Burial Burial	1/17/19	966	Druid	Ridge	Cometary	Pi	ikesville.	Md.	
24.	FUNERAL OIRE	CTOR	n	AOORESS /	17	25a. REC	C'D BY RE	CISTRAR 25b. M	EGISTRAR'S SIGN	ATURE
2/	m.h. Ve	Thun IS-	- 3000	the fa	an	B - DATE A	N 14	1966	tionles	udge
4	11 4	WING TO STATE	2	700.		1 2574 00, 1 1,		- T - H		

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director, p should be

CERTIFICATION

MEDICAL

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After

DIRECTOR: 3 shoul with the

the hospital

retained

PHYSICIAN:

physician

attending ph remova

death.

hours

executed

certificate

death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) BALTIMORE MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) BALTIMORE CATONSVILLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1535 KIRKWOOD ROAD 21207 3571 BENZINGER ROAD 21229 No.K NAME OF First DATE Middle Last Month Year DECEASED (Type or print) CLARA IRENE PINDER DEATH **JANUARY** 1966 5. SEX 6. COLOR OR RACE | 7. MARRIED | X NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days Hours FEMALE WIDOWED I DIVORCED [63 yrs. WHITE APRIL 23. 1902 10a. USUAL OCCUPATION (Give kind of work done i 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE

13. FATHER'S NAME U.S.A GRACESONVILLE, MARYLAND 14. MOTHER'S MAIDEN NAME THOMAS W. SHANKS ELIZABETH DAVIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address MR. SPEDDEN N. PINDER, SR. 3571 BENZINGER RD 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INFARATION 3 NOURS IMMEDIATE CAUSE (a) MYNAAROIAL DUE TO 10 YRS Cenditions. It any, which WHYPERTENSIVE - ART FRIOSCLEROTIC OVA gave rise to immediate DUE TO cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED?

PERIPHERISL VASCULAR BISEAS LE

2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.)

2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.)

Hour a.m. Not While p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from.

saw the deceased alive on.

NAME (Type)

19/8 to VAN DEC 5 19 6 55, that (I) (we) last and that death occurred at 8.3c 1M. from the causes and on the date stated above.

22a. SIGNATURE PHYS. M.D. 22¢. **PHYSICIAN'S**

22b DATE SIGNED DIRECTOR 22d. ADDRESS

KENNARĎ YAFFE 5501 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

FOREST PARK AVENUE LOCATION (City, town or county) (State) BALTIMORE

YES [

NO 🔼

(State)

BURLAL (Specify) 1/6/66 LOUDON PARK CEMETERY 24. FUNERAL DIRECTOR **ADDRESS**

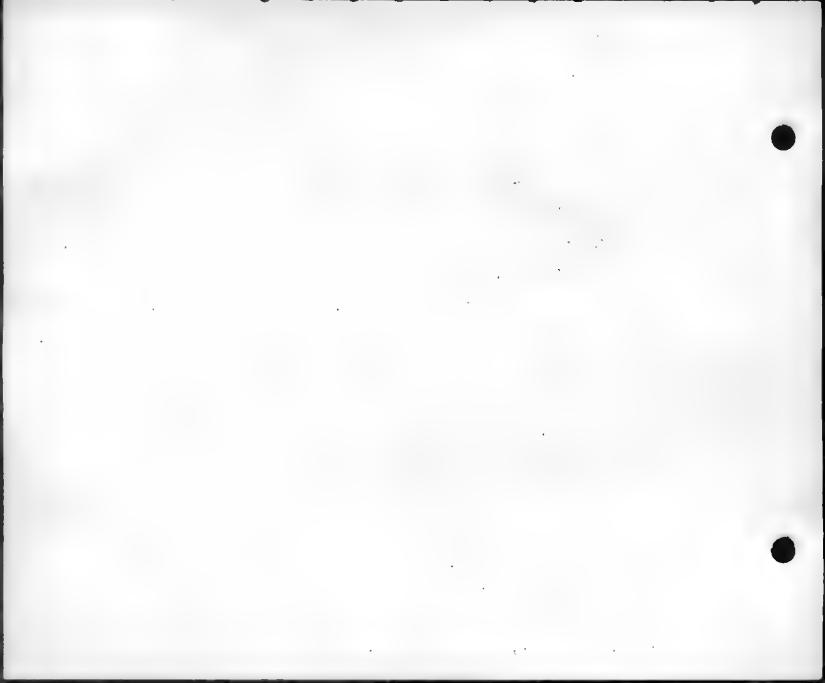
REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

HUBBARD FUNERAL HOME. 4107 WILKENS AVE.

VR A15 (4) 20M

TO FUNERAL

1/65



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
00402 CERTIFICATE OF DEATH 00295
ACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. STATE b. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
SPARROWS POINT
NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) d STREET ADDRESS o. IS RESIDENCE ON A FARM?
AME OF First Middle Last 4. DATE Month Dey Year
ype or print) . I HOMAS TOD RUCHNY DEATH JAN 4 1966
6. COLOR OR RACE 7. MARRIED NEVER MARRIED NE
USUAL OCCUPATION (Give kind of work during most of working life, even if relired) AUMBER. BIRTHPLACE (County & State, or foreign country) AUMBER. 12. CITIZEN OF WHAT COUNTRY? AUMBER.
THER'S NAME. PODRUCH NX LUCARIA NEZNIKI
VAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address
NO_ X15-01 4955 JADIE WOLFE ASINA
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Criterios cleratic Causio Vas area Signs.
DUE TO PLISE ASE.
Conditions, if any, which (b)
a), stating the underlying DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART T(+) 19. WAS AUTOPSY PERFORMED?
Oo. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) R CONTRIBUTING CAUSE OF DEATH
F EITHER, NOTIFY MEDICAL EXAMINER)
Hour a.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) While Not While et work at work a
1. 1 certify that (I) (this hospital) attended the deceased from
aw the deceased alive on 1860 and that death occurred at 10 AM, from the causes and on the date stated above.
Source of Collins M.D. Attending Med. STAFF 1-4-66 SIGNED DIRECTOR PHYS. 1-4-66 SIGNED
22. PHYSICIAN'S NAME (Type) LOUIS N. TOLLIN MID 6908 N. 8+Rd BALT 21219 MI
BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
SURIOU JANE 1966 1967 1814 19 CEM ECK NOCE UMERAL DIRECTOR'S SIGNATURE ADDRESS 258 REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Little Bro and 1800 FLOMBARD STDATE 1906 y howles for
b. NDT (SI) 200. SI



	1	MAKTL	AND STATE D	EPAKIM	ENI OF HEALIF	I—RALIIMOKI	E, 18	
	700403		CE	RTIFICA	ATE OF DEATH	1	Reg. Dist. No.	00296
1.	PLACE OF DEATH	ceto		MILITERIN	2. USUAL RESIDENCE (W)		stitution. Residence befor	re admission)
	URAL ON THE	roulle	,	F STAY IN 16	Beef	outside corporate limits, w	rite RURAL and give nea	rest town)
0	d. NAME OF HOSE	TTAL (If not in hospital, give	re street oddress)	one	d. STREET ADDRESS	Brooks	lale Be	ON A FARM? YES NO.1
3.	NAME OF DECEASED (Type or print)	Eli	zabeth	Middle	Parter	4. DATE OF DEATH	Month Dy	Year 19
5.	SEX 7,	1//	MARRIED NEVER	MARRIED [Marie OF BIRTH	84 9 AGE (In y hast signed	doy) Months Days	Hours Min
10	during mast of the	ION (Give kind of work donking life, even if retired)	one 10b, KIND OF BUSI	NESS OR INDUS	STRY 11. BIRTHPLACE (Stafe		12 CITIZEN OF	WHAT COUNTRY?
13	FATHER'S NAME				14. MOTHER'S MAIDEN N	6	cr-	A
15 {Y	WAS DECEASED EV	FOR THE SECTION OF SEC	ES? 16 SOCIAL SECUR	TY NO CI	Hala. 4	untli	Address Brand	Elale
			se per time for (o), (b), of the first of th	1 (c).]	ntradas/E	. Cdase minid	4 INTE	ERVAL BETWEEN ET AND DEATH
7	lying couse last	g the under DUE TO	Chrlos	110	D sychosi	7		5 920,
CATION		THER SIGNIFICANT COND	ITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONDITION	N G.VEN IN PART 1(0)	PERFORMED? YES NO
L CERTIFI		VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIBE HOW IN:	IURY OCCURRED). (Enter nature of injury in I	Part I or Port 11 of item 16	B.)	
MEDICAL	20c, TIME OF INSE Hour o.m	10	20d. INJURY OCCURR While Not while of work □ obeyook		ACE OF INJURY (Home, farm story, street, affice bldg , etc	20f (City or town)	(County)	(Stote)
	21. I certify	that I attended the		that death	accurred at 2:30 A	M, frag the cause		
	ACTUAL SIGNATURE	Off	By the	The state of the s	M.D. 1303	ADDRESS (Street, city or 1	town state) RE	DATE SIGNED
	PHYSICIAN'S NAME (Type)	WE	W5 (2)	ath	Cetino	11/2 212	28	13/66
دا	BEMOVAL (Specif	il Jan 4	166 -160	F CEMETERY OF	Leomer	228 LOCATION (City, 16	to. l'd.	(Sfote)
23	COLTAKE	R'S SIGNATURE	6 ADDRESS	20	DATE JA	N 4 1966	REGISTRAR'S SIGNATU	Judge



		MARYLAND ST	SATE DEP	ARTM	ENT OF	HEALTH		r	
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS,	301 W.	PRESTON	STREET,	BALTIMORE	1, MA	RYLAND
በበፈበሬ		CERT	TIFICATE	OF	DEATH			111	10017

1.	UUIUI				<u> </u>	11000
l	1. PLACE OF DEAT a. COUNTY	Baltimore	MARYLAND		CE (Where deceased lived, If institution: aryland b. COUNTY	Residence before admissions
	b. CITY OR TOW	N (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate limits, write RURA	L and give nearest town)
ı		N (if outside corporate limits, and give nearest town)	59 Days	Sykesvill	le	Arrans to
ľ	d. NAME OF HO	SPITAL OR INSTITUTION (if not in	hospital, give street address)	d. STREET ADDRESS		6. IS RESIDENCE ON A FARM?
		Administration H	<u> </u>	Box 168-D,	Dogwood Road	YES NO X
ı	3. NAME OF DECEASED	First Alma	Middle Martha	Last	4 DATE Month	Day Year 8 19 66
-	(Type or print) 5. SEX			Pry B. DATE OF BIRTH	9. AGE (In years IFUNDE	13 40
	Female	White widows	THE TENENT IN MARKETED	8/11/93	last birthday) Months	
ľ	10a. USUAL OCCUPAT	TION (Give kind of work done 10b.	KIND OF BUSINESS OR	11. BIRTHPLACE (C	ounty & State, or foreign country) 12, (CITIZEN OF WHAT
ı	Housewife	ing life, even if retired)	None	Washingto	n. D.C. U	Sountry?
ľ	13. FATHER'S NAM	IE .		14. MOTHER'S MAID		
		Curtis Thomas		Mary Jane		
Ì	15. WAS DECEASED (Yes. no. or unknown)	EVER IN U.S. ARMED FORCES? 1 ((If yes give war or dates of service))	6. SOCIAL SECURITY NO. 17.	INFORMANT Vete:	rans Admin, Address Ho	ospital
1	Yes		19 22 4345 C1	in. Records	,Ft. Howard, Maryla	and
	18. CAUSE OF	DEATH (Enter only one cause per				INTERVAL BETWEEN
ı	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	SHOCK DUE TO HE	MORRAGE FROM	M ABDOMINAL AORTA	Few Minutes
1	Jorg	\$8			-	
ı	Conditions, If		EMBOLISM TO THE	KIDNEYS AN	D LIVER	
ł	gave rise to	Immediate (
ı	cause (a), s	ruring the				
	PART II. OTHER		BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
ı	CAT					PERFORMED?
	PART II. OTHER!	WAS UNDERLYING [] 20b. ING [] CAUSE OF DEATH TIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part i or Part ii of item 1	8.)
	20c. TIME OF Hour a.i		facto	CE OF INJURY (Home, fa ry, street, office bldg., e	rm, 20f. (City or town) (Co	ounty) (State)
1	E p.	77111				
1	21. I certif	ly that OC (this hospital) atter		11/10, ₁	9 65 to 1/8 , 19 6	56, that 🗷 (we) last
I		ceased alive on 1/0	19 <u>66</u> , and that	death occurred at.	LO:20frem the causes and on	
1	22a. SIGNATU	RE DE DE	1	ATTENDING		DATE SIGNED
1		A. LE 482-7	11/1/ M.D	. PHYS.	MED. DIRECTOR PHYS. 2 1	/9/66
	22c. PHYSICH NAME (T		ATEPE, M.D.	V. A. Ho	spital, Fort Howard	d, Md.
	23a. BURIAL, CREA	MATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or ex	ounty) (State)
	BUT I A	ecity) 1-12-66	Moreland Memo	rial Park	Towson, Marylan	4
1	24. FUNERAL DIRI		ADDRESS		C'D BY REGISTRAR 25b. REGISTRAL	
)	Haight Fu	neral Home, Syke	sville, Marylan	d BLAEN	11 1966 / Gorla	Judge.

VR #15 (4) 20M 1/65

* #* ***

		Division of STATISTICAL RE	SEARCH AND RECORDS, 301	W. PRESION SIREE!,	BALIIMOKE, MAKYLAN	D 21201
		0040	CERTIFICATE	OF DEATH		00298
ir death funeral 1 and er death	1	PLACE OF DEATH COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Md.	deceosed fived, if institution b. COUNTY	Residence before admission) Baltimore
urs afte y the Pages urs afte		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate lim.ts, write RURAL	and give nearest town)
ne executed within 24 Tours after death. and completely filled in by the funeral remaye carban papers. Pages 1 and 2		d NAME OF HOSPITAL OR INSTITUTION (If not in hospital 1866 Edgewood Road		d STREET ADDRESS	ewood Road	e IS RESIDENCE ON A FARM? YES NO
within stely fill arban p		NAME OF First DECEASED (Type or print) Anna	Middle M.	Lost 4.	DATE Month OF Ganua	Doy Year 7.4. 2 19 66
cample pave co	S.	SEX 6. COLOR OR RACE 7. MARRI		Nov. 8.1880		UNDER YEAR IF UNDER 24 HRS onths Doys Hours Min.
and and and ase regression	dur	USUA: OCCUPATION (Give kind of work done 10b ng most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Sto		12. CITIZEN OF WHAT COUNTRY?
ertificate be physician on nen please noval, and in		FATHER'S NAME O Henry Turwy		14. MOTHERS MAIDEN NAME Anna Liebe		
law requires that the death certificate be executed within 24 Tours after death nding physician. been signed by the attending physician and completely filled in by the funeral sthe burial-transit permit. Then please remaye carban papers. Pages 1 and 2 ior to burial, crematian, ar removal, and in any yeart, within 72 hours after death		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)		NFORMANT rs Helen E.	Fay Address	same
at the		18. CAUSE OF DEATH (Enter only one couse per line PART I DEATH WAS CAUSED BY:	for (0), (b), and (c).) Cas clear & &	eden.		INTERVAL BETWEEN ONSET AND DEATH
equires that the physician. signed by the burial-transit burial, cremat		Conditions, if ony, which gove) (b)	4 of linens	ade vas	cula Class	C
Ee law requires the attending physician. has been signed by se as the burial-traith prior to burial, cre		rise to immediate cause (a), stating the underlying cause (c)	H			
The law ratending to attending to bas been use as the lift prior to	MOLL	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e hospital ar his certificate stached for us Dept. of Heal	CERTIFICATION	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	or Part II of item 18)	
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifica pa 3 shauld be detached for led with the State Dept. of He	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20c		E OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
ATTENDIN etained by CTOR: After shauld be vith the Sta		21. I certify that (1) (this hespital) att	tended the deceased fram	, 19/		, 19 64, that (I) (we) la
OR ATTE be retain OR STRECTOR e 3 shau e d with #		220. SIGNATURE	a sil Gall - MC	ATTENDING MED		22b. DATE SIGNED
MAL DIS		22c. PHYSICIAN S NAME (Type) R Doing 1	iand of	22d. ADDRESS	Harford	Rel
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	23	BURIAL (REMATION, 23b. DATE THEREOF 7 -7 -66	23¢ NAME OF CEMETERY OR O Holy Redee	/	23d LOCATION (City or Town) Baltimore,	Md. (County) (State)
VR A15 (4)		FUNERAL DIRECTOR	Baltimore, Md	2So. REC'D BY	the second	RAR'S SIGNATURE



. 1 _	Z.	Divisio	n of STATI	MA STICAL RESE	ARCH AND RE	CORDS	301 W. PREST	OF MEAL	.TH . BALTIMORI	E 1. MARY	/LAND
FOR STATE	9	00406			L EXAMIN	NER'S	CERTIFICA	ATE OF	DEATH	1	10200
HEALTH DEPT.		PLACE OF DE	ATH				2. USUAL RESIDE	NCE [Whare dec	ceased lived, If inst t	ulion: Residenc	e before adm ssion)
7.8 F		a. COUNTY	Baltimor	e	MARY	dies t	a STATE	yland	b. COUNTY	Balti	
r. Pag files, Healt	-	b. CITY OR TOW	N (if ouls de corp	orate limits,	c. LENGTH OF STA				rate ł m ts, write RUS		
nec our our		Write RURAL	and give nearest to Baltimor	e-rural	1305	2	Ba1	timore-r	ural	1	
or y or y		d. NAME OF HO			ospital, give street addri	ass)	d STREET ADDRES	SS			IS RESIDENCE ON A FARM?
funeral fined fate Bath.			Freeland	, Marylan	nd		F:	reeland,	Md.		YES NO
e funer e funer stained State Jeath.	3.	NAME OF DECEASED		First	Middle		Lasi	4. DATE	Month	Day	Year
office the left of		(Typa or print)		Marshall	Lee		Pugh, Jr		1	28	19 66
d 3 d av b av b with with s aft	5.	SEX	2.4.		DED NEVER MARRIE		DATE OF BIRTH	1050	AGE (In years IF J	nths Days	IF UNDER 24 HRS. Hours Mln.
To The Court	100	male	Whit PATION (Give kin		VED DIVORCES KIND OF BUSINESS OR		DY/ LJ, I	ste or foreign coul	13 yrs.	12 CITIZEN O	F WHAT COUNTRY?
			working Lie, eya		(1)	INDUSTRI	V /.	D.		7. (Z
S S S S S S S S S S S S S S S S S S S	13.	FATHER'S NAM	Eul!		a choof	. ,	I OYK	PHAME	nd.	Ul. J	
PW.	1/	Naveh	7))/	Purh	18		Dori	< V/2	· 1 kar	-	1A 1-3
	15.		EVER IN U.S. AR.	MED FOROES?	SOCIAL SECURITY N	0.017, IN	FORMANT A	2 1 0	Addraus	2000	(U da)_
d with the state of the state o	(Ye	s, no, og urkown	(Ifyesgive waroi	rdales of service]	-	Mar	aball Z	Punh Xx	-HNOO!	and)	M
lten Then Der	ĺį	18. CAUSE O	F DEATH [Enter	only one cause pe	r line for (a), (b) end (c	of feet	revenue, k	ועציין ועציין	. 3//00	INIT	ERVAL BETWEEN SET AND DEATH
lin in long ansigned in long i		PART I, D	EATH WAS CAUS MMED ATE C.	ED BY: AUSE (e)	Shotgun Vou	nd of	head			_ ON.	—
l be ce a ce a al-tr		976	X	DUE TO							
ould Offi buri		Conditions, if		(b)							_
ing", s		gavarisa to imr (a), stating the		DUE TO							
ficat min ed (_	cause fast.		(e)	ONTRIBUTING TO DEAT		DEL ATED TO THE TER	MINIA DISEASE C	CND HON CIVIN	NIDART (/) (I	T WAS AUTORS
Exa us at ion	CERTIFICATION	PAKITIO	HER 3 GN FICAN	CONDITIONS C	MINIBULING TO DEAT	n bul not	KELATED TO THE TEK	WINAL DISEASE C	ONDITION GIVEN IS		PERFORMED?
wor wor work	FICA	20a. EXTERNA	CAUSE WAS	20b. DESC	RÎBE HOW INJURY OC	CURED. [En	fer nature of intury in	Part I or Part II of	item 18.1	Y	res 😡 No 🗈
And West	CERT		CONTRIBUTING [shot self						
filing hief buri	CAL	20c. TIME OF I	NJURY Month,	Day, Year 20c	I. NJURY OCCURRED	200. PLAC	E OF INJURY (Home, f.	arm 20f. (City	or lown)	(County)	(State)
Pag P	WEDE	7:12 s.	x 1 2	8 1966 Wh		factor ho:	y, street, off ce bidg., (MA	,	land, Md.	Balto	Md.
cate cate o th OR: prio					mains described ab			Inspection	Inquiry		in my opinion
certifi ded des ECT		death results	d from: Na	tural causes	, Acc'dent .	Suicie	e X, Homicid	le 🔲. Und	etermined mann	er 🗌	
Me cer forwarde on DIREC			}. A		7/-		CHIEF MEDICA	AL EXAMINER			
ate of the state o		ACTUAL SIGNATURE	Wen	en.	in	1	M D ASS STANT M	EDICAL EXAMINE	R 🔀	D.	ATE SIGNED
PUTY I execute uild be for NERAL designat		EXAMINER'S					DEPUTY MEDIC	CAL EXAMINER		1/28/6	6
DEPUT ease exe should I FUNE its desi	229	NAME (Type)	11041104	U. Spitz	M.D.	AFTERY OR I		it, ely, lown, or c	ounty\ ON (City,tlown, or a	country	(State)
D DEE	1%	RAMOVAL (Spe	city Linky	- / 19/6	MIT	27/7	ma atom	Fra	0/200	111	1
HIH	23	FUNERAL DIRE	tor COI	718	ADDRESS	" Ce	MELELY	REC'D BY REGISTR	AR 246, REGISTE	MR'S SIGNATU	IRE
VS. A1SME		Jacob.	Har Teur	Join &	DIN-THARR	don	A FEB.	2 1966	of charle	Co 1 9	
3M. 7.00	12	the think	Tues me						·¥	H	

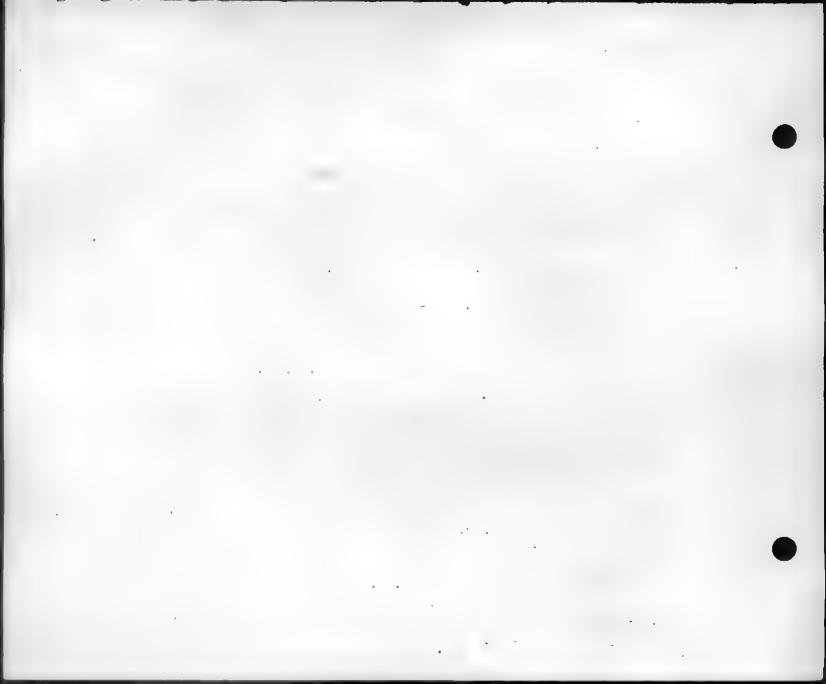


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove/carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY	Baltimore)	MARYLAND	2. USUAL RESIDENCE a. STATE M		d, If institution: R.b. COUNTY Pri		
	b. CITY OR TOW	N (if outside corporat and give nearest tow	e limits, c. l	LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corporate Ili	mits, write RURAL	and give neare:	st town)
	Catons	ville	Lir	mthldy	Avondale,	Maryland	1.	n /w	
	d. NAME OF HOS	PITAL OR INSTITUTIO	N (if not in hospita	al, give street address	d. STREET ADDRESS			e. IS RES	
	102 10 011	OVE STATE	HOS' ITAI	<u> </u>	4829 LaSa			YES 🗌	NO 🗌
3.	NAME OF DECEASED		rst	Middle	Last	4. DATE	Month	Day Yea	
F	(Type or print)	Carme			gliése	HTA3D	January	5 19	
	emale	6. COLOR OR RACE White	7. MARRIED [NEVER MARRIED []	8. DATE OF BIRTH July 31,	1905 60	thday) Months	Days Hours	Min,
10a duri	USUAL OCCUPATION MORE IN THE MOST OF WORK IN THE MOUSEWA	ION (Give kind of working life, even if retired I e	done 10b. KIND (OF BUSINESS OR TRY	11. BIRTHPLACE (Co	ounty & State, or foreign	country) 12, CI	TIZEN OF WHAT	
13.	FATHER'S NAM	E		-	14. MOTHER'S MAIL	EN NAME			
	Aug	ustus Colar	rico		Rosa Camp	enella			
15.	WAS DECEASED	VER IN U.S. ARMED FO	RCES? 16. SOCI	ALSECURITY NO. 17.	INFORMANT		Address		
(10	unknown	(If yes give war or dates o	579-	_/	ecords: SPR	I'G GROVE	STATE !	HO3PITAL	
		DEATH [Enter only on						INTERVAL BE	
1	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	: Cardia	c failure					
Н	4200	DUE		2					
	Conditions, if gave rise to		(b) Arteri	oscierotic	heart diseas	58			
	cause (a), st	ating the DUE	_						
z	underlying caus				riosclerosis		INTERIOR DE LA COMPANIA	19. WAS AL	TODOV
2	PARTIT, UTHERS	IGNIFICANT CONDITIE	INS CONTRIBUTING	TO DEATH BUT NOT RE	ATED TO THE TERMINAL D	DISEASE CONDITION G	IAFM IM LWK I T(9)	PERFOR	MED?
FICA	DOA ADDIDENT	Wise IIMPERIALIS	l not press	DIDE HOW IN HON CO.	UDDED /Fetter	I leftent la Bank 4 5	last to at them to	YES X	NO 🗌
CERT	OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING DEATHER	TH (ER)	KIBE HOW INJURY OCC	URRED. (Enter nature of	r injury in Part i or F	art II of Item 18.	•}	
CAL		NJURY Month, Day,	Year 20d. INJUR	Y OCCURRED 20e, Pt	ACE OF INJURY (Home, fa	arm, 20f. (City or	town) (Cou	inty) (State)
MEDICAL	Hour a.n			Not While	iory, street, ource ing., e	16.)			
-				he deceased from_	Sept. li '_1	9,65 , to Jai	1. 5 196	6, that OK (v	ve) last
		ceased alive on			at death occurred at		causes and on the		
	22a. SIGNATUR	E				a.	22b. 0	ATE SIGNED	_
		Stel	ely was	Usler M	.D. PHYS.	MED. STAF	1-	5-66	
	22c. PHYSICIA NAME (Ty	n's			22d. ADDRESS S				TAL
	1151112 (1)	Stel.	la Wachsl	er, M. D.	B	altimore,	Maryland.	7	
23a	BURIAL, CREM		HEREOF 23	S. NAME OF CEMETE	or or crematory	23d, LOCATION	City town or con	intri) (S	ate)
24.	FURIER	usa Can o. a	N 111 11	ADDRESS		AN 6 186	256. REGISTRAR	S DIGNATURE	ge
<i></i>	29	01 14 1	11-11. Wa	er.NC.	DATE J	AN 6 /186			

VR #15 (4) 20M 1/65



TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and monuletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after digital.

00200

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH OUAGE

T+om #2 Film #:277	40756 pc - 448 U -
1. PLACE OF DEATH	1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
8. COUNTY Balta C MARYLAND	a. STATE Md. b. COUNTY Balta
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
write RURAL and give nearest town)	21207
USA	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	
Townbrook Rd., Town & Country Apts	Townbrook Rd., Balte. 21207 YES NO.
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Allen Joseph J. C	winan DEATH Jan 31 1966 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
male white WIDOWED OIVORCEO	June 29, 1893 72 yrs. Months Oays Hours Min.
10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR	1 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Balto COUNTRY?
retired clerk auto business	14. MOTHER'S MAJOEN NAME
Allen B. Quinan	
	Jesephine B. Cesky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Town & Country Apts D 21207
130	ephine C. Quinan, 6147 Townbrook Rd.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).	67 HT I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a)	87200
OUE TO O L	1 1-
Conditions, If any, which gave rise to immediate (b) Orberoclustic	How Duren
cause (a), stating the OUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 203. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
CAI	YES TO NO IZ
202, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm. 20f. (City or town) (County) (State)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
E p.m. 19 at work at work	
21. I certify that (I) (this hospital) attended the deceased from	Klepe/6, 1952 to Convery 3/, 1966, that (1) (we) las
saw the deceased alive on family 24 1965, and the	at death occurred at 3:26.2 M, from the causes and on the date stated above
22a. SIGNATURE	22b. DATE SIGNED
Edwin Muchons M.	O. PHYS. MEO. STAFF PHYS.
22c, PHYSICIAN'S	22d. AOORESS
NAME (Type) Edwin Pierpont, M. D.	Liberty Rd., Balte., Md., 21207
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	
- DEMOVAL (Chacley)	
The state of the s	
24. FUNERAL DIRECTOR AGORESS 2113	
Loring Byers, 8728 Liberty Rd. Randalls	tom. KeyEEB 1 1968 it carles Judge

VR A15 (4)

0 ; ž ę **.** £ 24.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending plysician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please temove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO MOSTITAL OR ITTEMBING PHYSICIAN: The law requirem that the death mertificate be executed within 24 hours after death. Page 4 may be retained by the hospital on attemding physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

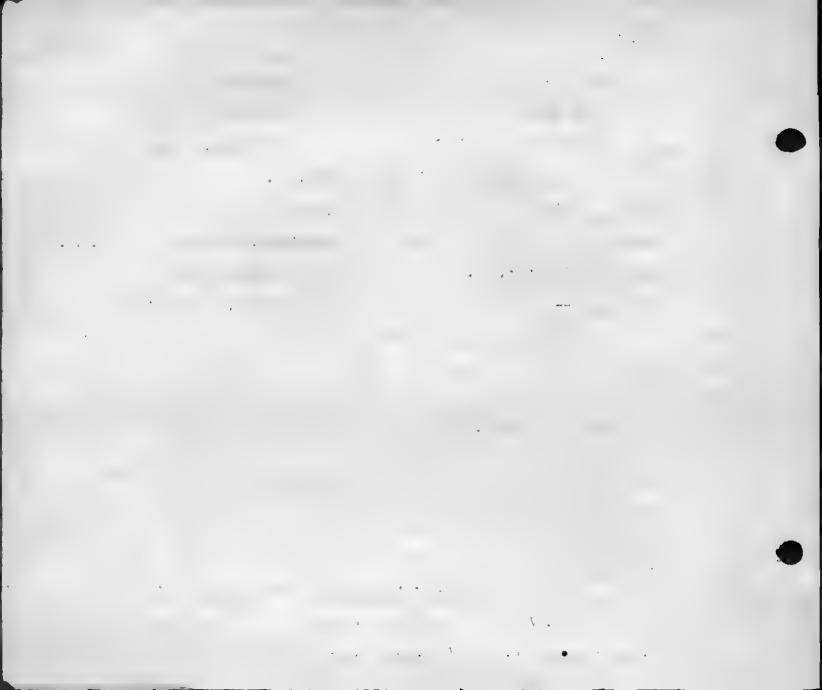
OAABQ CERTIFICATE OF DEATH

<u> </u>	0010	7					
1.	PLACE OF DEATH	н		2. USUAL RESIDENCE (Where deceased lived, It inst		idence before admission)
		Baltimore	MARYLAND	Maryland	Balti	more	
_	b. CITY OR TOW	N (if outside cornorate lim	its, C. LENCTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, wri		nd give nearest town)
	write RURAL	and give nearest town)		Dedday Br	43	1	
_	4 NAME OF HO	Towson re	not in hospital, give street address;	Rodgers Fo	rge k	-/	e. IS RESIDENCE
	d. NAME OF HOS						ON A FARM?
			oh Hospital	120 Dumbart		1212	YES ND
3.	NAME DF DECEASED	First	Middle	Last 4	DATE Month		Day Year
	(Type or print)	Edward	d Owens	Randall Sr.	DEATH]		20 19 66
5.	SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED 1	8. DATE OF BIRTH			YEAR IF UNDER 24 HRS.
	Male			TeB. 17, 1893	72rrs.	Months D	Days Hours Min.
10:	. USUAL DCCUPAT	ION (Cive kind of work done ling life, even If retired)	10b. KIND DF BUSINESS DR	11. BIRTHPLACE (Count	y & State, or foreign country,	12. CIT	IZEN OF WHAT
		resentative	D. N. Owen Co.	Maryland		CDO	Miki
	. FATHER'S NAM		D. N. OWEII CO.	14. MDTHER'S MAIDEN	NAME		
	Wil	liam D.	Randall	Alice	Jones		
	. WAS DECEASED	EVER IN U.S. ARMED FORCES		INFORMANT	120 Addres	St ont	n Dund
(Y		(If yes pive war or dates of servi		7// 4 79			
	Yes	Forld War I		rs. Miriam Ran	dall Baltimo	ors, x	laryland 12
			se per line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Pulmonary emboli	small; pulmor	ary edema.		
		DUE TD					
	Cenditions, If		Arteriosclerotic	cardiovascular	disease.		
	gave rise to	Immediate	And and a self-a	Alexander and Tar			
	cause (a), s underlying caus	toting the	Arteriosclerotic vascular disease	TULOMDO OCCTA	sive peripne	raı	
S			DATRIBUTING TO DEATH BUT NOT REL		ASE CONDITION CIVEN IN	PART 1(a)	19. WAS AUTDPSY
AT							PERFORMED?
FIC	ODO ROCIDENT	Who IINACHI VINO CI	Lank Decoribe libit tuttley occ	HDDED /Enter nature of in	lucy to Back I or Back II o	f Itom 10)	YES X NO
CERTIFICATION	OR CONTRIBUTE	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	OKKED. (Enter nature of in	uny in Part i di Part ii o	i itein 10./	
MEDICAL	20c. TIME DF	INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. Pt	ACE OF INJURY (Home, farm,	20f. (City or town)	(Coun	ty) (State)
0	Hour a.r		I While — Not While — I	ory, street, office bldg., etc.)			
2	p.(at work at work	7/6/	6 to 1/20/	10 66	Ab at (1) (see) look
		5 /5	attended the deceased from				that (1) (we) last
			20/ 1966, and th	at death occurred at 7:5	A. rom the causes		TE SICNED
	22a. SICNATU	17.40 Am 30.		ATTENDING - MEI			
		NACOMOU	M.	D. PHYS. L DIR	ECTOR PHYS.	1/20	0/66
	22c. PHYSICIA NAME (T)	AN'S D. R. Go	ovinda Rao, M.D.	22d. ADDRESS	DJ - Da744	3.5.	2 02 00/2
	l			7020 TOPK	Rd., Baltimo		
23	a. BURIAL, CREN REMOVAL, (Sp.	MATION, 23b. DATE THER		Y OR CREMATORY	23d. LOCATION (City, to		ity) (State)
	Buria.	1 1/22/1960	6 Druid Ridge	Cemetery	Pike sville,	Md.	
24	. FUNERAL DIRI	ECTOR	a Ballion 12	1 // / / / / / / / / / / / / / / / / /	BY RECISTRAR 25b. RI		
17/	In 1.5	Tickner &	Somo north & Pa	z ave DATE JAN	24 1986 /	Ellani	es Judge
184	412						—- <i>UU</i> =

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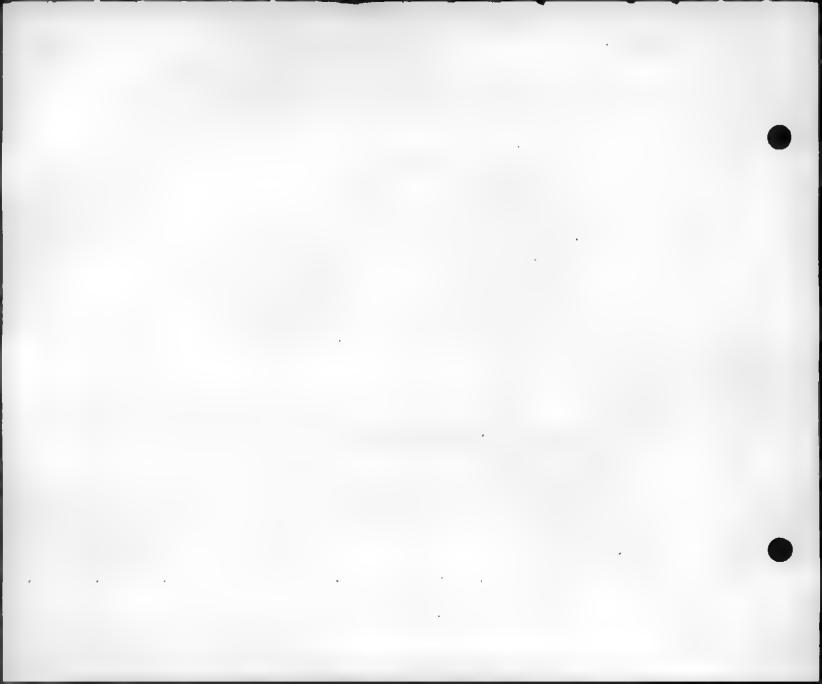
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY BALT e. STATE MD BLTIMOKE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ACCRESS e. IS RESIDENCE ON A FARM? LIOO Essex Rd. 5 5 G 4100 YES _ ND M NAME DE First DATE Middle Last Month Year Day DECEASED LORENCE € E ZE DEATH 6 (Type or print) 19 6. COLOR OR RACE | 7. MARRIED DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24HRS NEVER MARRIEO last birthday) Months Days Hours WIDOWEO OIVORCED [10a. USUAL OCCUPATION (Give kind of work done, 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fereign country) COUNTRY? during most of working life, even if retired) INDUSTRY 40036 WIF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) \(\(\)(If yes give war or dates of service) HY314/201 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OUE TO Conditions, if any, which (b) rise to Immediate **OUE TD** cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES 🔽 NO T OESCRIBE NOW INJURY OCCURRED. (Enter Vature of Injury in Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120s. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour e.m. - Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from 11 - 2 19 66, and that death occurred at CAM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED ATTENOING PHYS. M.O. DIRECTOR PHYS. PHYSICIAN'S 22c. 22d. AOORESS NAME (Type) 23a. BURIAL CREMATION, 23b. DATE THEREOI EMETERY OR CREMATION LOCATION (City, town or county) (State) /23c. 23d. REMOVAL (Specify) REC'D BY 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE

and and death. death. the sal after Pages 1 hours .⊑ bon papers. Within 72 ho filled letely carbon any event, Comp remove and Ξ. ПВП lease and ir attending physici rmit. Then pleas death certificate removal. ed by the attend transit permit. cremation, or re burial-transit burial, cremat attending physician. been signed as the prior to certificate the hospital or 0 PHYSICIAN: this certify detached for te Dept. of I State After ATTENDING 鲁 retained P DIRECTOR: age 3 should ited with the pe page may HOSPITAL FUNERAL director, I should be e.

> VR AI5 (4) 2DM 1/65



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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending plysician and petelly filled in by the funeral director, page 3 should be letached for use as the burial-transit permit. Then pleme remove carbon papers. Pages 1 and 2 should be filed with the State Inpt. of Health prior to burial, cremation, in remove, and in any avent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

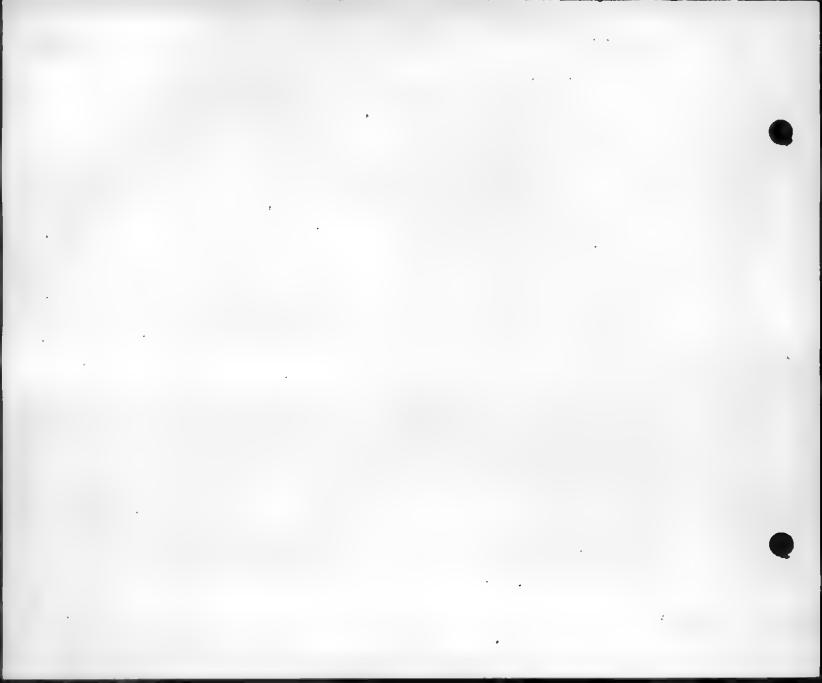
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

,		00412			CERTIF	ICATE	E OF DEATH			() (1400)
	1.	PLACE OF DEATH					2. USUAL RESIDENC	E (Where deceas			e before ad	mission)
1			eltimore		MAD	YLAND	a. STATE MAR	YLAND	b. COUNT	BALTO.		
		b. CITY OR TOWN	(if outside corpora	te limits,	c. LENGTH OF ST		c. CITY DR TOWN (If	outside corpor	ate limits, write	a RURAL and g	tve neares	t town)
		WITE KOKAL	and give nearest tow RURAL	n)	12yr	8.	BALTIMOR	E	7	1		
	_	d. NAME OF HOS	RTAL OR INSTITUTIO)N (if not in i			d. STREET ADDRESS				e. IS RESI	
1		VIL	LA MARIA,	NOTCHC	LIFF		GLENARM	21057			ON A F.	ARM?
	3.	NAME OF	Fi	rst	Middle		Last	4. DATE	Month	Dav		
		DECEASED (Type or print)	SISTER	MARY T	HEOPHILA	REIT		DEATH	JANUAF		,	66
	5.	SEX	6. COLOR OR RACE	7. MARRIEC	NEVER MARRI	en (2) 8	. DATE OF BIRTH	19. A	GE (in years) if	UNDER 1 YEAR		24 HRS.
		F	W	WIDDWED		941	APRIL 17, 1	891 7	et birthday)	lonths Days	Hours	Min.
	10a	USUAL OCCUPATI	ON (Give kind of work	done 10b. h	CIND OF BUSINESS O		I 11. BIRTHPLACE (Co	unty & State, or	yrs. [foreign country)	I 12. CITIZEN	OF WHAT	
	aur	TEAC	ife, even if retire	d) eR	DPIRED		BALTIMORE	, MARYL	AND	COANLE	37. A.	
	13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
	4	AMEIL REI	TZ				14. MOTHER'S MAID ELIZABET	H BENZI	NG			
	15.	WAS DECEASED E	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16	SOCIAL SECURITYN	10. 17.	INFORMANT		Address			
	(Ye	s, no, or unkown)	(If yes give war or dates o	f service)	**	SIS	TER MARIE P	ERPETUA			NOTCE	HCLIF
	ī		EATH (Enter only on	e cause per	line for (a). (b) and	(c) I			GLENA		ERVAL BET	WEEN
			TH WAS CAUSED BY	: 5	Feldmal	_					SET AND D	EATH
		17/0	IMMEDIATE CAUSE	1	juana	CV W	u carci	manger.	- July	7	me	with.
		Conditions, If a	DVC pv. which)	5	to	4	to out		0.00	2. 1 4	1 141	0
		gave rise to	Immediate ((b)	of ceres		a per	000 0	الماماليال			0.4
		cause (a), sta underlying cause		1	treme	>.		,			Int	(
	20			(c)			FED TO THE TERMINAL O	ISFASE CONDIT	ION GIVEN IN PA	ART 1(a) 19.	WAS AU	TOPSY
	CERTIFICATION					THE REAL PROPERTY.		100100001011	TOTAL COLUMN		PERFOR!	MED?
Ĭ	IFIC	20a. ACCIDENT V	AS UNDERLYING IT	20b.	DESCRIBE HOW IN II	IIBY OCCIII	RRED. (Enter nature of	Injury to Part	Lor Dart II of	1	ES []	ND X
	ERI	OR CONTRIBUTION	VAS UNDERLYING [] IG [] CAUSE OF DEA IFY MEDICAL EXAMI	TH	DESCRIBE NOW 11151	OKT OCCO	KKEN, (Enter nature of	mjwij in Fait	i oi rait ii oi i	10.)		
			JURY Month, Day,		NJURY DCCURRED	120e Diac	E OF INJURY (Home, fa:	rm 204 (CII	y or town)	(County)	/6	tate)
	MEDICAL	Hour a.m.		While			y, street, office bldg., et		y or town;	(социцу)	(3)	tate)
	ž.	p.m		at wor	k at work	- 24		(1)				
			that (I) (this hosp	1			104 26 , 15	:04Pto		, 19 66, t		
		22a. SIGNATURI	eased alive on	an l	19.076,	and that	death occurred at	M, trom	the causes ar	1d on the dat 22b. DATE SI		above.
			1451	ler	200			IED.	STAFF	ALD. DATE ST	GHLO	
		22c. PHYSICIAN	I'S	100 70	2	M.D.	PHYS. D	IRECTOR	PHYS.			
	i	NAME (Typ	10) SG S	ullin	ian		117951-80	ulst-	Bal	Funor	P 2	Md
	23a	BURIAL, CREMA	TION, 23b. DATE 1	THEREOF	1 23c. NAME OF C	EMETERY	OR CREMATORY	1 23d. LOCAT	TION (City, tow	u or conuta)	(Sta	ate)
1		REMOVAL (Spec	164)	-64				VILLA	w /	. 1	4	. ,
1		FUNERAL DIREC	TOR	th may be	ADDRESS	- PE 11.		D BY REGISTR				2
1/1		FUNERAL DIREC	1 - 16	717 5	ADDRESS	CEA	PETER!	D BY REGISTRA		EL L. J. J		14 2

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VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT	OF HEALTH
STICAL RESEARCH AND RECORDS, 301 W. PRES	STON STREET, BALTIMORE 1, MARYLAND
CEDTIFICATE OF DEA	THE

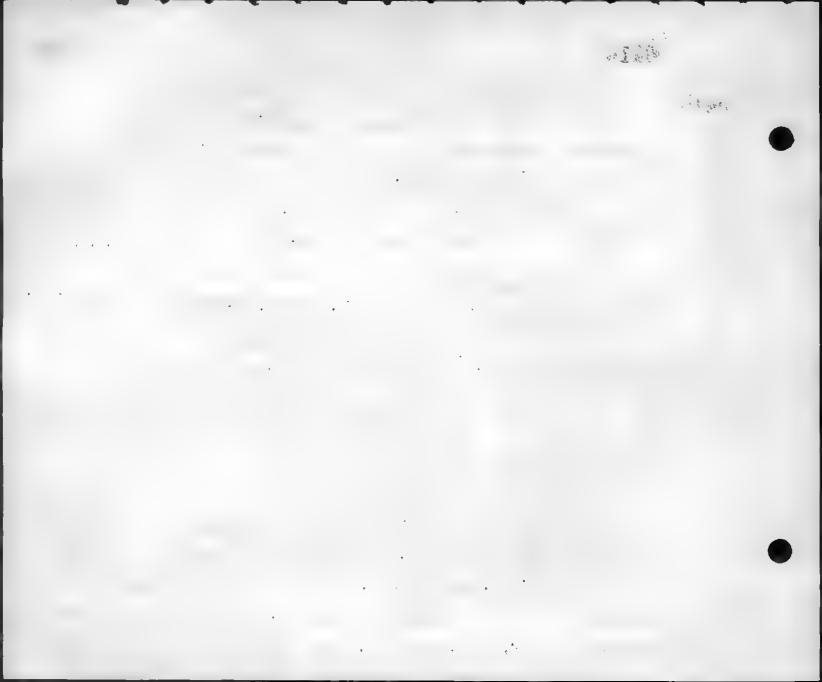
	PLACE OF OEATH			2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)					
		ALTIMORE	MARYLAND	a. STATE b. COUNTY MARYLAND					
	b. CITY OR TOW	N (if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 1b		outside corporate limits, write RURAL	and give nearest town)			
	CATONSV	ILLE		BALTIMO	ORE ? · · /				
	d. NAME OF HOS	PITAL OR INSTITUTION (If not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?			
	SHRANGR	I-LA_NURSING HOME		2114 RAMSAY	7 STREET 21223	YES NO V			
	NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Year			
	(Type or print)	ARTHUR	H.	RIDER	DEATH 1/	13 19 66			
5.	SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF UNOER last birthday) Months	1 YEAR IFUNDER 24HRS.			
	ALE	WHITE WIDOWED		9/29/1891	74 yrs. Monuis	Days Rours Min.			
10a. Jurii	USUAL OCCUPAT	ION (Give kind of work done 10b. King life, even if retired)	INO OF BUSINESS OR NOUSTRY	11. BIRTHPLACE (Co		ITIZEN OF WHAT OUNTRY?			
	CANDY	MAKER VIRG	INIA DARE	MARYLAND		S.A.			
13.	FATHER'S NAM			14. MOTHER'S MAID	EN NAME				
_			RIDER	CATHERINE					
		EVER IN U.S. ARMED FORCES? 16. (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT	Address PAS	ADENA, MD.			
	YES	WW I 21	3-09-9070 MRS	S. ETHEL C.	SPADARO, Rt. 10 Bo	x 354-B			
T		DEATH [Enter only one cause per l	ine for (a), (b), and (c),]	44		INTERVAL BETWEEN ONSET AND GEATH			
1	PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	scardial ila	forster	2	Justin.			
1	420	DUE TO	176	0 ,	2 -				
	Conditions, if gave rise to		urocurolea 4	order Yare	was twee ac	1235			
-	cause (a), si					V			
2	underlying caus								
2	PART II. UTHER S	IGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	PERFORMEU?,			
2	On anniathir					YES NO			
ERI	OR CONTRIBUTI	WAS UNCERLYING ☐ 20b. NG ☐ CAUSE OF CEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	Injury in Part I or Part II of Item 18	.)			
						111111111111111111111111111111111111111			
200	Hour a.n		facto	CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f. (City or town) (Got	unty) (State)			
ME.	p.r	n. 19 at worl	k at work		1				
1		y that (I) (th is ho spital) attend				≤, that (I) (we) last			
	saw the dec	ceased alive on	19.65, and that	death occurred at	45 M, from the causes and on t	he date stated above.			
1	22a. SIGNATUI	"1 V - 11	0		MEO. STAFF	ATE SIGNED			
-	22c. PHYSICIA	Programmes 1) of the Color	012) - M.O	, PHYS. 4 [DIRECTOR PHYS. 1/	3.25			
i	NAME (T)	pe) WILMER K. GA	LLACHER SR		9 FREDERICK ROOM	ROAD			
23a.	BURIAL, CREM		23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	-			
-4	REMOVAL (Spe		BALTIMORE NAT		1 1	MARYLAND			
24	BURTAL FUNERAL OIRE		ADDRESS		O'D BY REGISTRAR 25b. REGISTRAR				

HUBBARD FUNERAL HOME, 4107 WILKENS AVE. 21229

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The lam remuirem than the meath certificate, be Page 4 may be retained by the hospital or attending physician.

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VR A15 (4) 20M 1/65



STICAL

V		MEDICALAMIN_CK'S CERTIFICATE OF DEATH	00407
Had	1.	PLACE OF DEATH a. COUNTY D. COU	idence before admission)
4	asil .	MARYLAND MARYLAND MARYLAND	1 LTIMORY
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ing Riva nearast (own)
		d. NAME OF HOSPITAL OR INSTITUTION (if pot in hospital, giva street address) d. STREET ADDRESS	a. IS RESIDENCE
-4-		largershive tike: Jair tire	YES ND 4
	3.	NAME OF First Middle Last 4. DATE Month OF)	Day Year
		(Typa or print) DON HNdrew KIder DEATH DAN. 23	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 last birthday) Months E	Days Hours Min.
	100	WIOOWED OIVORCED May 12, 1908 7 yrs.	IZEN OF WHAT
	dur	ing most of working life, even if retired) INDUSTRY	NTRY?
	13.	FATHER'S NAME [ALLEA TRY [ALLEA TRY [14. MOTHER'S MAIDEN NAME	
		JACOB REUTER CHRISTINA HITTEL	
		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	~
	(Ic	(If yes give war or dates of service)	
		18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	OHOLI RIO SERIII
		4 2 0 1 OUE TO	
		Conditions, if any, which (b)	
		cause (a), stating the DUE TO	
	N.	undarlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY
,~	CERTIFICATION		PERFORMED?
	LIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
	SE SE	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	CAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) factory, streat, office bldg., etc.)	sty) (Stata)
	MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	
		21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my opinion
		death resulted from: Natural causes 🗂, Accident 🔲, Suicide 🗍, Homicide 🔲, Undetermined manner	
		ACTUAL ACTUAL CONTRACTOR CONTRACT	.22. DAYE SIGNED
4		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	1/2 4/6 /2
4		EXAMINER'S NAME (Typa) Address (Streat, city, town, or county)	1-11070
1	 23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or cour	nty) (State)
-		REMOVAL (Spacify) 1 - 26-66 STOTALLE SWEET AIR PACKSONIULE	PYPHALD
(3)	24.	FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
3.9		ME MICHARDE CHESTAL CITY TURE KEEP DATE AN ZO 1968 HELLENIE	y mage

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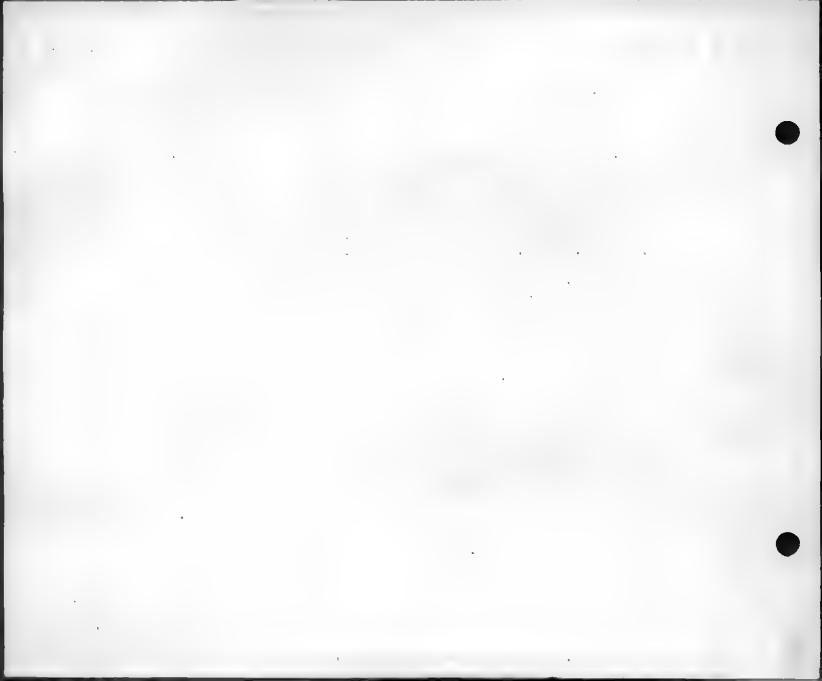


	1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	IADVI AND
		H	Market Street	00415 CERTIFICATE OF DEATH	0.0405
death.	funeral 1 and 2 1 death.	-	1.	PLAGE OF DEATH 11 2. USUAL RESIDENCE (Where deceased lived, if institution: Re	esidence before admission
- To	e fu			e. COUNTY a. STATE b. COUNTY	
aff	y th iges s aft			b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL)	and giva nearest town
SITO	d di Pour			Add DATA MOR. 1 - 1	13/1
4	lled pers 72			d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCI ON A FARM?
cented within 24 hours after	ify fi	25	3.	NAME OF First Middle Last 14. DATE Month	Day Year
With	olete arbo it, w		٥.	NAME OF DECEASED (Middle Last 4. DATE Month OF DECEASED (Type or print) (Type	— 1966
pa _t	comic se comic se comic		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER)	1 YEAR IF UNDER 24 HR
13	any			MAR WIDOWED DIVORGED 1/-7-92 73 yrs.	Days Hours Min.
9			1Da dugi	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CI	TIZEN OF WHAT
9	ysic		13.	UI LINISHOI LIUI CO. LAUSSIA	U5A
iffica	g ph		13.	FATHER'S NAME 14. MDTHER'S MAIDEN NAME	
40			15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
4	atte rmit n, or		(Ye	i, no, or unknown) (If yes give war or dates of service) 212-03-4483	
The law remites that the death certificate and	t pe		1	18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
÷	an. 1 by ransi crem			PART I. DEATH WAS CAUSED BY: Acute Congestive Failure	ONSEL AND DEATH
=======================================	ysici gne ial-t			Conditions If any which \ Due to Myocardial Failure	
- E	a ph			gave rise to immediate (b)	
7	din the the			causa (a), stating tha DUE TD underlying causa last. (c)	
36	atte has e as h pri		NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
Ę	l or icate or us lealt	1	CERTIFICATION		YES NO
29	ertif ertif of t		ERTI	20a. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED. (Enter natura of Injury In Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER))
No.	hos lis c tach ept.			20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
2	y the		MEOICAL	Hour a.m. While Not While factory, street, office bidg., etc.)	11037
N	Aft P		∑	21. I certify that (I) (this hospital) attended the deceased from 1965, to June 4, 1965	E, that (I) (we) las
Na Fi	tain FOR: thou th th			saw the deceased alive on 1964, and that death occurred at 2 M, from the causes and on the	
2	REC 3				ATE SIGNED
	page file	,		A LEININGICIAL CT CACALLACT M.D. PHYS. DIRECTOR PHYS.	4 6 40
TIGAL	Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicians of completely filled in by the following physicians as should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after	/		DR. NAME (Type) AI VENIDO A. CARUAY Bilto County (72n. H)	spit. 1
5	Pag TO FI	2	23a	REMOVAL (Specify)	augland (State)
		B	24.	ADDRESS 258. REC'D BY REGISTRAR 250. REGISTRAR	S SIGNATURE
	VR AI5 (4) 2DM 1/65	1.8	Z	Tol Levenson a Bros Sec. 6010 Reistertaux HAR 10 1966 of himles	udge
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR S	TATEM		00416	Wan 22 1:0	MED	ICAL EXAMI	NER'S	CERTIFICAT	TE OF DEA	TH		004	0.9
EALTH	DEPT		PLACE OF DEATH	· ·				2 USUAL RESID	ENCE (Where dece	ased ved, if nst	titution: Residen	ce before o	dmiss on)
v 0 a			o. COUNTY				- 1	o STATE	As I		OUNTY WA	MAN	
- ± 50	tent of		Balto				Y.AND		IId.		/\$4	A ROL	*
	dec		CITY OR TOWN (If autside corporate im t	s,	C LENGTH OF STAY	IN 1b	c CITY OR TOWN	(If autside corpa	rate mils, write	RJRAL and giv	e nearest to	wn)
da M33	Ε.		Write RURAL ON	d give nearest town)				Ra	ltimore			4	
ENG	porti	_				I and the sale		d STREET ADDR				100	S RESIDENCE
E	De I		C .	AL OR INSTITUTION (If n	ar in naspirai, j	give street address)		-		1 1			N A FARM?
- S - L	ate De hours		St.	Joseph's 1	Tospia	tal	j	1222 Si	herwood	Hve.		YES	□ NOXEX
등중등	Sto 2 F		NAME OF	F:	rst	Middle		Last	4 DATE		lonih	Day	Year
≥ و ط	he 7		DECEASED (Type or pant)	James		W-	R	ountree	. In OF DEAT	н	7	29	19 66
fer Giv	with thi	5		6 COLOR OR RACE	7 MARRIED	NEVER MARRIE		DATE OF BIRTH	Jan Jeni	9 AGE (In years	IF UNDER		UNDER 24 HRS
atter 8. Give olong	_ ≥ .≥		nale	white		(CALL)				last birthday			ours Min
hours Item 1 Office	ond 2 event				W DOWED	DIVORCE	<u>" 9</u>	/9/95		70 yr			
를 를 들	ond 2 event			(Give kind of work done life, even if set red)	10b KI	ND OF BUS NESS OF	L. St.	11 BIRTHPLACE	(State or foreign	country)		T ZEN OF W	HAT
2 - 2	-	Journ		et. Asst.	Compa		Rds	Georg	oio		1	CHIKIT	1154
- 1.7 	poges in ony	13.	FATHER'S NAME		Cangon		/\\	14. MOTHER'S M	AIDEN NAME		1		
			0	111 Passe	14	C.,		^	4 4 4	1.1			
within pencil Examiner	File			s W. Round					e Wesco				
~=				R IN U.S. ARMED FORCES? (If yes give war ar dates		SOCIAL SECURITY NO		IFORMANT			ddress		
execute nding ' Medical	it permit. removal,	,,,	no	(11 Yes give war or dates	21	2038857	1 6	lsa S.	Rounds	ree	same	0	
Afer Men	Per	H	18 CAUSE OF D	EATH (Enter only one cor	ise ner line for	(n) 101 and (c))				7	- 0 00111	MATERY.	AL BETWEEN
e e	ar ar			TH WAS CAUSED BY-	and per mine	(0), (0), (1)	~~~~	5 - 1 7	11 21	a low		ONSFI	AND PEATH
الجرائة	or		1 1	IMMEDIATE CAUSE	(0)	17	77/	N 7 4	1	7/15,	1077.	7/4	100m
word word	a bunal-transit cremat.an, or re		420	DUE	10 (1			0	1/		
	ati		Conditions, if ony		(b) ()	2010	26	0	nen	1-me	Meles La	100	nece
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60	os a I, cre		lost.	nying couse	(4)						1 /	1 2'	W
ertiticat writing warded	اة الح اقر			CANEGRALE COMPUTIONS	(c)	TO DESTRUCT TO THE OF BO	ATER TO T	r Trolloisi Dicr	*** **** * *** * *	CALLE DANK II.		119 W	AUTOPSY
ĭ¥ Ki	used o	NO	PART II OTHER ST	GNIFICANT CONDITIONS (ONIK BUHAR	TO DEATH BUT WOLKE	LAIED IO II	1E LEKMINAL DISE	ASE CONDION G	VEN IN PART T(0)			RFORMED?
~ 화, 쇼	be u	CERTIFICATION										MES	NO 🕢
두 등 중	d b	Ē	20a EXTERNAL CA		20b DE	SCR BE HOW INJURY O	OCCURRED (I	Inter nature of in	jury in Port I ar Pi	ort II of item 1B))		
# E E	oule pric	CER.	PR MARY Tor CO CAUSE OF DEATH.	ATRIBUTING [
9 E	she she			URY Manth, Day, Year	1 204 19	N.JRY OCCURRED	1 20. 01.10	OF INJURY (Hom	ne, farm 20f	(City or town	1 (60	unty)	(Cambo)
He to	- S - S - S - S - S - S - S - S - S - S	MEDICAL	Hour ou		While			ry, street, office bk		(City of town) (co	Jili Y)	(State)
9 0	000	2	p.r	m. 19	at war		10,10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.7		· · · · · ·		
2 € €	E SE		21. I certif	y that I taok charg	e of the rer	noins described o	hove help	d on Autopsy	Inspec	tion I	nguiry 🗍	and in	my opinion
A S C	± 6 €		death resol	<i>P</i> .	al causes 🗔		_			Undetermined	, ,	7	my opinion
K = 6.	es e		dediti lesoi	red in the individual	u (duses 12	a, Accident	J. 30100			underet mmed	monner [_	J	
eos Fire	e ≅ e		ACTUAL	11	12:5	500	2/2/	/	LEDICAL EXAMINER			99	DATE SIÉNED
a a p	in in it		SIGNATURE	MALLE	11/2	Ount	6	_M_D ASSISTAL	NT MEDICAL EXAM	NER		24	DATE SIGNED
E 2 0.	9 % o %		EXAMINER'S					DEPUTY	MEDICAL EXAMINE	R 🗆		1/20	4/00
o DEPUT necessary the funer			NAME (Type)				-	Address	(Street, city, towr	, or county)		1/2	766
DEI eces:	O FUNE Health	230	BURIAL, CREMATIC	ON, 236 DATE TH	EREOF	23c NAME OF CEN	METERY OR C	REMATORY	23d	OCAT ON (City or	Town)	(County)	(State)
2 = = .	CIBO		REMOVAL (Spenty			Morelo		10			A.	1	(2.2.0)
	M.	D.4	FUNERAL DIRECTO		0	ADDRESS	via //		REC D BY REGIS	altimo		CHATURE	1
VP	A15ME (5)	79	FUNERAL DIRECTO		0 /		14	2Sc			REGISTRAR'S S	OPPIURE	2
ć	SM 1/66		Leonard	1 4. Kuck	ync L	Baltimore	2. //la	. EA	EB 3 1	966 1,/8	77	1 0	1



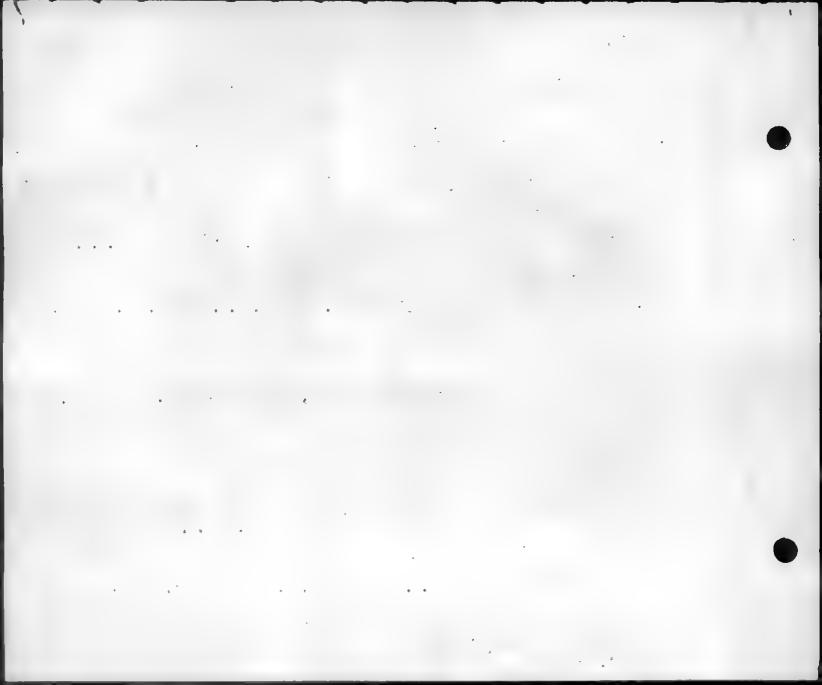
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VR A15 (4) 20M 1/65

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTII	MORE 1. MARYLAND
00418 CERTIFICATE OF DEATH	0041i
	OUNTY
Baltimore Maryland b. CITY OR TOWN (if outside corporate limits, c, LENGTH OF STAY IN 1b c, CITY OR TOWN (if outside corporate limits)	BALTIMORE write RURAL and give nearest town
Fort Howard DUNDALK	21222
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital 2323 Searles Road	YES NO
I DECEASED OF	onth Day Year 1 8 19 66
5. SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO 8. DATE OF BIRTH 9. AGE (In year	BE IF UNDER 1 YEAR IF UNDER 24 HRS.
Mate Milte Minomeo Divorceo 2/1/52	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) Chauffeur 10b. KINO OF BUSINESS OR INDUSTRY Chauffeur 10c. KINO OF BUSINESS OR INDUSTRY Trucking Company Baltimore, Maryland	mtry) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Elmer Bolton Sands Margaret Bush	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Ad (Yes, no, or unknown) I (If yes give war or dates of service)	dress
Yes WW II 215 12 3184 Clin. Records, V.A. Hospit	. Ft. Howard,
18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSE (a) Left Corebral Metastases	Unknown
DUE TO	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the cunderlying cause last. Carcinoma, Right Lung, Unspecified Type.	Dec. 1964
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF OF OTHER PART OF PART OF PART OF CONTRIBUTING CAUSE OF OF OTHER PART OF PART OF PART OF PART OF CONTRIBUTING CAUSE OF OTHER PART OF PART	VIN PART I(a) 19. WAS AUTOPSY PERFORMEO? YES NO
20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part or Contributing Cause of OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pum. 19 Not While at work	(County) (State)
P.m. 19 At work at work	
21. I certify that A) (this hospital) attended the deceased from 1/5 , 19 66 to 1/8	, 196 that (1) (we) last
saw the deceased alive on 1/8 19 66, and that death occurred at 11:00, from the cause	
22a. SIGNATURE Leilan M.D. ATTENDING MED. OIRECTOR PHYS.	22b. OATE SIGNEO 1/8/66
22c, PHYSICIAN'S NAME (Type)	
NELLON NELLSON, M.D. V. A. Hospital, Ft.	Howard, Maryland
23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City)	
B URIAL 1/11/2966 Nactional Cemetery Baltimore	28, Maryland
Will som proceed	CULL TO THE
Walter Brooks Bradley, Funeral Home OAN 13 1956	LETTER A SUCCESSION



MARYLAND STATE DEPARTMENT OF HEALTH



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	MARYLAND STATE DEPARTMENT OF HEALTH OUTSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH									
	CERTIFICAT	E OF DEATH	00313							
d.	PLACE DF DEATH a. COUNTY Baltimore D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Baltimore MARYLAND C. LENGTH OF STAY IN 1b	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21224								
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		a. 1S RESIDENCE ON A FARM?							
	St. Joseph Hospital	828 Old North Point Rd.	YES NO.							
	NAME DF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Scheller 4. DATE Month OF DEATH 1 1 1 1 1 1 1 1 1	Day Year 13 19 66 RIYEAR HFUNDER 24 HRS. Oays Hours Min.							
dur	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY BALLO. COUNTY FATHER'S NAME	March 11, 1912 53 yrs. 11. BIRTHPLACE (County & State, or foreign country) 12. C Maryland 14. MOTHER'S MAIOEN NAME	Oays Hours Min. SATIZEN OF WHAT OUNTRY?							
15. (Ye	. On, or unknown) ((if we nive war or dates of service)	Mary M. Rupp INFORMANT Address Arank W. Scheller sam								
	Conditions, If any, which gave rise to immediate cause (a), stating the	colon with pulmonary	INTERVAL BETWEEN ONSET AND DEATH							
CERTIFICATION	PARTII. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT REL	CURREO. (Enter nature of injury in Part I or Part II of Item 1	YES NO THE							
MEDICAL C	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact while at work at work 19	tory, street, office bldg., etc.)	ounty) (State)							
	saw the deceased alive on 1/13/ 1966, and the 22a. SICNATURE 22c. PHYSICIAN'S NAME (Type) Theodulo J. Paglinauan, Jr.	at death occurred at 9:38M, from the causes and on A. D. ATTENDINC MEO. OIRECTOR PHYS. 1/1: 22d. AGORESS 7620 York Rd., Baltimore, M	03/66							
23a	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER HOULE Redeen	(D 11: M	ounty) (State)							
24	FUNERAL DIRECTOR ADDRESS	25a. REC'O BY RECISTRAR 25b. RECISTRAN	R'S SIGNATURE							
1	Leonard J. Ruck Inc Baltimore, Mc	d. John 17 1956 1 2000	1							

VR A15 (4) 20M 1/65

Leonard J.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician are completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tamore carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

10 HOSPITAL OR ATTENDING PHYSICIAM. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

		MARYLAND S							
DIVISION (DF STATISTICAL	RESEARCH AN	D RECORDS,	301 W	. PRESTON	STREET,	BALTIMORE	1, MARYI	LAND
00421		CER	TIFICATE	OF	DEATH			004	1 2

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
BALTIMORE	e. STATE MD. BALTO.
MARYLAND	
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
LANSDOWNE	LANS DOWNE
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress)	d. STREET ADDRESS le. IS RESIDENCE
	ON A FARM?
2113 ALLETTA AVE.	2113 ALLETTA AVE. YES NOX
3. NAME OF First Middle SC	CHEPSKY 4. DATE Month Day Year
OFFICEASED (Type or print) LELIA L. S CHET	
E CEV LC COLOR OF CACE L	8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR (IF UNDER 24 HRS.
7. MARKIED NEVER MARKIED	last birthday) Months Days Hours Min.
FEMALE WHITE WIDDWED X OIVORCED	Oct.6.1889 76 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Housewife Home	Virginia COUNTRY?
13. FATHER'S NAME	
	14. MOTHER'S MAIDEN NAME
unknown AMMONS	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(YES, Bo, ar enkown) (/If yes dive war ar dates of service)	illiam C. Baim, 2113 Alleta Ave.
	IIIIam C. Daim, 2115 Affect Ave.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Or knowlesofic Hes	onset and Death & months
1/ 0 - 4	6 mm
7 00 OUE TO GREE	
Conditions, if any, which (b)	
gave rise to immediate cause (a), stating the DUE TO	
underlying age let	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELY 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCUPANT OF CONTRIBUTING TO CAUSE OF DEATH OF FETHER, NOTIFY MEDICAL EXAMINER)	PERFORMED?
	YES NO 🔀
20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING 20b of DEATH (If Either, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
G (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm. 20f. (City or town) (County) (State)
Hour a.m. While Not while facto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto While At work at work at work	
	1964, to Sin. 8, 1966, that (1) (we) last
	death occurred at 6AM, from the causes and on the date stated above.
228. SIGNATURE	22b. DATE SIGNED
Morros glirenter M.C	ATTENDING MED. MED. STAFF L. 8-66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) MORRIS B. SCHREIBER	1519 W. LOMBARD STREET
AS- Dibial opcidation on Date versions as- alast of graphen	LOD ADDITION LOD LODGE TOOL TOOL TOOL TOOL TOOL TOOL TOOL TOO
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	OR CREMATORY 23d. LOCATION (City, town or county) (State)
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Howard H. Hubbard, 4107 Wilkens Ave.	MAN 11 1059 - 4-1 7 30 30.

VR AI5 (4) 20M 1/65



hours after death.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending plysician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00055

00150								
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
Balti ore MARYLAND	a. STATE Maryland b. COUNTY Prince George							
man Land	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Cato sville 8mth 8dys	Washington, D. C.							
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE							
SPRI'G GROVE STATE HOSPITAL	ON A FARM? YES NO							
3. NAME OF First Middle	Last 4. DATE Month Day Year							
DECEACED	Schmidt DEATH January 1/1 19 66							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
female white widowed N DIVORCED	Aug 29, 1875. last birthday) Months Days Hours Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
during most of working life, even if retired) INDUSTRY Secretary	Michigan U.S.							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
John Campbell	Mary							
	INFORMANT Address							
(Yes, no, or unkown) (If yes give war or dates of service)								
un nown Re	cords: SFRING GAOVE STATE HOT TAL							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH							
PART I. DEATH WAS CAUSED BY: Arteriosclerotic	heart disease							
// a 1 DUE TO								
Conomolized atom	riosclerosis, severe							
gave rise to immediate								
cause (a), stating the DUE TO								
underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	PERFORMED?							
01.	YES T NO							
PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)							
Hour a.m. While Mot While fact	ory, street, office bldg., etc.)							
	N 5 million 11 m 66 million							
21. I certify that (IP(this hospital) attended the deceased from	May 5 , 1961, to Jan. 14, 1966, that 11) (we) last							
saw the deceased alive on Jan. 14 19 66, and that	it death occurred at M, from the causes and on the date stated above.							
Secla Michely M.	D. PHYS. 22b. DATE SIGNED 1-11-66							
22c. PHYSICIAN'S	D. PHYS. E. DIRECTOR C. PHYS. C. 122d. ADDRESS STRING GROVE STATE HOSP.							
NAME (Type) Stella Wichsler, I. D.	Baltimore, caryland 21228							
23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER								
Bay 31 1/15/66 5+ Mary	Cem. VZSKin, Md.							
24. FUNERAL DIRECTOR APDRESS) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE							
CI Masous, DIVEIVE.	O DATE AN 18 1966 " " 1) STEELE							

VR A15 (4) 20M 1/65

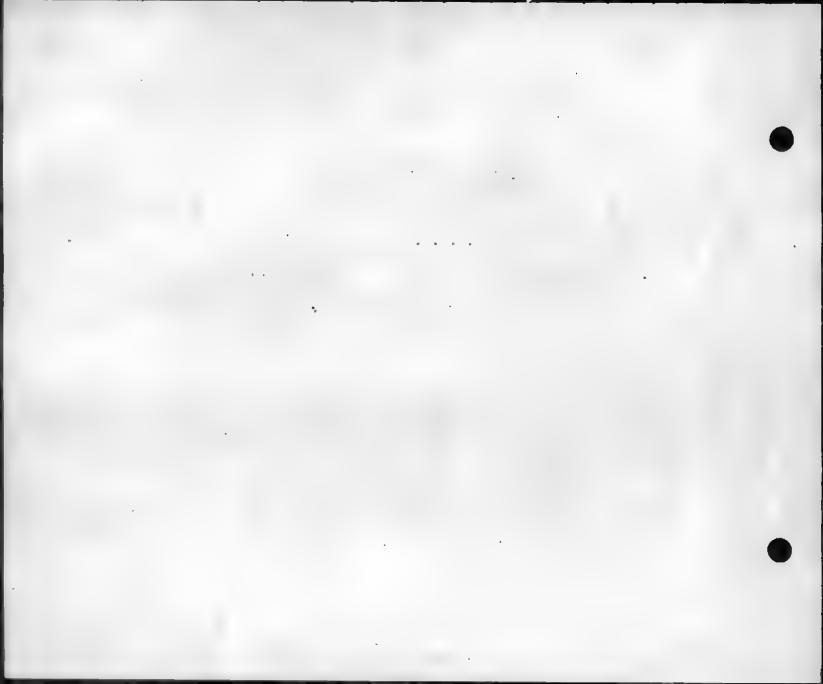


rage 4 may be retained by the hospital of acceptance by the attending physician and completely filled in by the funeral—
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral—
director, page 3 should be detached for use as the burial transit permit. Then please remove carbon papers. Pages 1 and 2
should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 Tours after death. executed within TO HOSPITAL OR ATTENDING PHYSICIAN: The law members that the duath curtificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

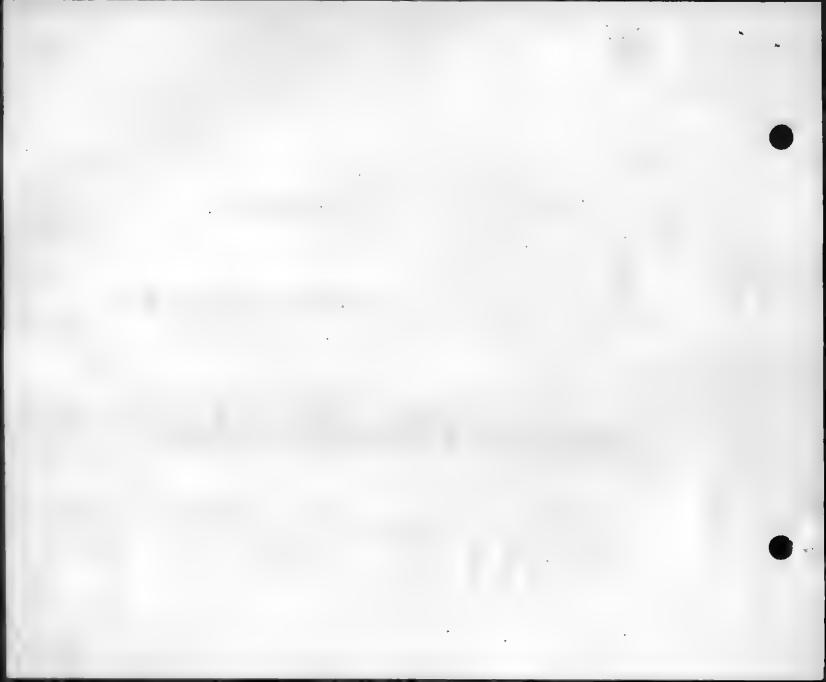
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	UU4Z3 CERTIFICAT	E OF DEATH	6
1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a	āmission)
	a. CDUNTY Baltimore County MARYLAND	a. STATE b. COUNTY Baltimore City	C
-		c. CITY OR TOWN (If outside corporate limits, write RURAL and give neare	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Baltimore 6 years	Baltimore	
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Augsburg Lutheran Home	d. STREET ADDRESS e. IS RES	FARM?
_	68Il Campfield Road	2117 Belair Road YES	NO 🔼
3,	(Type or print) Margaret Katharine	DEATH 19	66
5.	7, WARRIED HEVER WARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDE 10/24/1883 Hours Hou	
	Female White WIDOWED DIVORCED	yrs.	
10	a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR ring most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHA	Т
"	ring most of working life, even if retired) Light U.S.F.G.	Baltimore, Maryland U.S.A.	
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	J. Henry Schmitt	Amelia M. Weyrich	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
1,,	No 215-07-8154 Pa	ul A. Hauer 6811 Campfield Road 7	
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	1 / / INTERVAL BE ONSET AND	TWEEN
1	PART I. DEATH WAS CAUSED BY: (V Gerebral Vas	Gulan Heman han	UZHIN
	1111		7
	Conditions, if any, which) Out 21 auterior Sc	lesotie Heart Dureaux 5 72	7 -
	gave rise to immediate (0	
	cause (a), stating the underlying cause last.	Preumonier - 3 dan	D.
18	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFO	TOPSY RMED?
SA	Generalized Witer	F. Scleron YES [NO 🕢
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING TO LOOK DESCRIBE HOW INJURY OCCUMENT OF THE PROPERTY OF THE PROPE	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	
		ACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
MEDICAL	Hour a.m. While Not While	ory, street, office bldg., etc.)	,
E		C 11/2 1/2 1/5 1/5 1/5	
	21. I certify that (I) (this hospital) attended the deceased from	1966, that (1)	
	saw the deceased alive on 1/6 19/2/9, and tha	at death occurred at M. from the causes and on the date state	d anove.
	Earl L. Chambers M.	D. ATTENDING MED. DIRECTOR D. PHYS. D 17766	· _
	PHYSICIAN'S NAME (Type) Earl L. Chambers -	22d. ADDRESS fiberty At Bulto My	
23	BANGER 110/66 230. NAME OF CEMETER	run Pallo	State)
2	A FLYNEDAL BOXESTOR ADDRESS JAMES ADDRESS ADDR	258, REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE JUNGSE	ъ.
1 6	- UEI VILL		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Pages 1, and 2 hours after death. and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. COUNTY b. COUNTY MARYLAND äft b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b ve carbon papers. Pag event, within 72 hours write RURAL and give pearest town) filled in I d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? NO C executed withIn completely NAME OF Month Middle 4. DATE Year Last DECEASED DF (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR NACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months Hours Davs any and WIDOWED DIVORCED = mg physician a 10a. USUAL OCCUPATION GOING KIND of Work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRLAPETUR (Journa & St. foreign country) 12. CITIZEN OF WHAT lease COUNTRY? certificate FATHER'S NAME MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIALSECURITY NO. has been signed by the attent as the burial-transit permit. prior to burial, cremation, or i death (Yes, no, or unkown) | (If yes give war or dates of service) FELIX SCHREIBER 3007 ROSALIND INTERVAL BETWEEN CAUSE OF BEATH [Enter only one cause per line for (a), (b) and (c). ONSET AND DEATH PHYSICIAN: The law requires that the PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hished for use of Health p PERFORMED? ERTIFICAT NO T YES 208. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) TO FUNERAL DIRECTOR, After this certical director, page 3 should be detached should be filed with the State Dept. of ಎ MEDICAL (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While at work Not While at work Page 4 may be retained by p.m. 19 65 to 1-27 that ((we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 3.15 AM, from the causes and on the date stated above. saw the deceased alive or 22b. DATE SIGNED 22a. SIGNATURE MED. STAFF M.D. PHYS. DIRECTOR PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, HEMATALA(Specify) BALTI 1/28/66 HEBREW REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a.

VR A15 (4) 15M 4-64

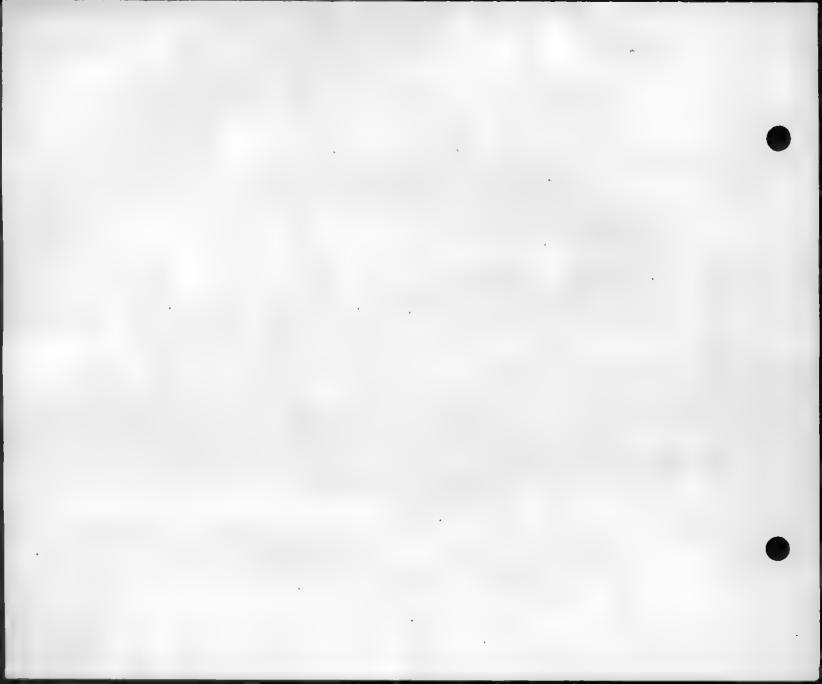


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a, STATE われしてかんな after after MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours a Page write RURAL and give nearest town) hours BUSUILLIA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO N within YES mpletely 3. NAME OF First Middle DATE Year Month Day DECEASED KUDDE OVYV (Type or print) DEATH 19/2 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months | Dave | Hours | Min 7. MARRIED 8. NEVER MARRIED Months Days physicial and en please remo 11/18 Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY3 計り川上丁 certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending parties. Then Korzen KALBUY 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT ed by the attender transit permit. Address death (Yes, no, or unkown) (If yes give war or dates of service) DANIEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] that the INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: EUMONIA the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. has S PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health WAS AUTOPSY this certificate detached for use PERFORMED? CERTIFICAT YES INO PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) to OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) be de State factory, street, office bldg., etc.) Hour a.m. Not While After Id be d While Page 4 may be retained by p.m. at work at work the 21. I certify that (I) (this hospital) attended the deceased from 1 DIRECTOR: age 3 should ifed with the saw the deceased alive on. and that death occurred at in the causes and on the date stated above. ط 19 SIGNATURE 22a. page ATTENDING STAFF PHYS. OIRECTOR _ M.D. PHYS. TO FUNERAL (director, pag should be fill HOSPITAL PHYSICIAN'S NAME (Type) 22c. 22d. ADDRESS BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) Burial Jan.4. Cathederal Balto. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR AL5 (4) Truman Schwab 3512 Frederick Ave. Balto. 29. Md. Date N 20M



VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1426 CERTIFICATE OF DEATH

	00426	C	ERTIFICAT	E OF DEATH		_ 01	1119
1.	a, COUNTY 77	TIMORE	MARYLAND	2. USUAL RESIDENCE (Wh	b. col		
	b. CITY DR IDWN (If ou write RURAL and giv	tside corporate limits, c. LEN	YETH OF STAY IN 16	C. CITY OR TOWN (If outside DL N DALK		vrite RURAL and	give nearest town)
-	d. NAME OF HOSPITAL I	DR INSTITUTION (If not In hospital,		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
3.		DALK AL.	∠ - , Middle	175 () UN:17	DATE Mon	ith D	YES NO Year
	(Type or print)	ERMINA M	ARCARI	T SEABY	OF DEATH //	N.4,	1966
5.	SEX 6. CDI	DR DR RACE 7. MARRIED NE	VER MARRIED	8. DATE OF BIRTH	last birthday	Months Day	AR IF UNDER 24 HRS. 'S Hours Min.
10 du	a. USUAL OCCUPATION (GN ring most of working life,	e kind of work done 10b, KIND OF even if retired) INDUSTR	BUSINESS OR	11. BIRTHPLACE (County &	- yrs.	COUNT	EN OF WHAT
13	ACCSE A	UIFI		14. MOTHER'S MAIDEN NA	ME	(,5 H
	MICHAE	L ASCHIER		ERSSIBE	T BL	UM	
(Y	5. WAS DECEASED EVER IN es, no. or unkown) (If yes g	U.S. ARMED FORCES? HVE War or dates of service)	SECURITY ND. 17.	INFORMANT DUM DITET SE	Addr	,773	111
-		Enter only one cause per line for ((a), (b), and (c).]	TROJITE I DE	0 0		NTERVAL BETWEEN
	4 9	AS CAUSED BY: EDIATE CAUSE (a) Carc	zinoma	ct the	-oton		
	Conditions, If any, wi						
	gave rise to immed cause (a), stating	the DUE TO					
NOL	PART II. OTHER SIGNIFIC	(c) CANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT REL	ATED TO THE TERMINAL DISEAS	E CONDITION GIVEN I	N PART 1(a) 1	19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200 400 IDENT WAR III	NOERLYING 20b. DESCRIE	DE HOW INDERVIDOR	URRED. (Enter nature of Injur	u in Dart I or Dart II		YES NO
CERT	20a. ACCIDENT WAS UT DR CONTRIBUTING () ((IF EITHER, NDTIFY ME	CAUSE OF DEATH EDICAL EXAMINER)	DE HOTE HOORS DOG	DANCED, (Circol Hature of Aljur	y 111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or (toll 10.)	
MEDICAL	20c. TIME OF INJURY Hour a.m.	While No	t While facto	ACE DF INJURY (Home, farm, pry, street, office bldg., etc.)	20f. (City or town)	(County)	(State)
M	p.m. 21. 1 certify that	19 at work a (f) (this hospital) attended the	deceased from(Oct 3 1963	to Jon.	4 19 6 6	that (f) (we) last
	saw the deceased	alive on Jun 4	196 💪 and tha	t death occurred at ///	M, from the cause	s and on the d	
	Jewing	in (daga	170 M.		TOR STAFF PHYS.	1/6	11966
	22c. PHYSICIAN'S NAME (Type)	ENIGNO RI LAZ	ARO	59 LUNDAL	LK AUE,	, אם מעם	ock, nd.
23	a. BURIAL, CREMATION, REMOVAL (Specify)	1- 111	NAME OF CEMETER	1	BALTE,	town or county	(State)
2	4. FUNERAL DIRECTOR	Brackers de	ADDRESS Cherdalk		REGISTRAR 25b.	REGISTRAR'S SI	IGNATURE Decidos
1_	J. 7 2 2 6 165	January 1		DATE	.0001		-0-



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY **b.** COUNTY Baltimore ies. Baltimore MARVIAND b. CITY OR TOWN lif outs de corpo at imils c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporaix limits, write RURAL and giv in institow) write RURAL and give neerest town) Essex (21 Essex (21 d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address, d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 832 Back River Neck Road 832 Back River Neck Road YES NO F he Sta 3 NAME OF Last 4. DATE Month to the DECEASED hour (Type or print) DEATH WALTER SEVIER. SR. er death.
and 3 to
5 may be
d 2 with the OLEN January 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BRTH 19. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) | Months Days Feb. 8, 1901 Male WIDOWED | DIVORCED | snould be executed with n 24 hours aftiging in pencil in Item 18. Give Pages 1, 2, 5 Office along with form PM3. Page 5 a burtal-transit permit. File pages 1 and IDe. USUAL OCCUPATION (Give kind of work 10b K ND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Service Station | Baltimore Co., Maryland Attendant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter M. Sevier Anne Rebecca Marshall 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIA, SECURITY NO 17, INFORMANT Address (Yes, no, or unknwn) [(Ifyesgivewerordetesofservice) 5906 Mary Jane Sevier Same 18. CAUSE OF DEATH [Enter only one course per line for the total and (c) ... INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if any, which a b no geve rise to immediate cause DUE TO (e), steting the underlying nsed PART II OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0 19, WAS AUTOPSY CERTIFICATION Word 20 burial, PERFORMED? Medical YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18) CAUSE OF DEATH. the Chie 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df (City or lown) 20c. TIME OF INJURY Month, Dev. Year (Courty) (Steta) lectory, street, office bldg., etc.) While Not While el work el work 21 I certify that I took charge of the remains described above, held an Autopsy 🗍, nspection ... Inquiry and in my opinion forwarded to DIRECTO its designated death resulted from-Natural causes Accident Suicide Hom cide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL BAL I ASS STANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER ö FUNE Name (1700) Theodore C. Patterson, MD. 105 Main St. S. Dundalk of 22 Md. please e 4 should O FUN Health 22a, BURIAL, CREMATION, 22b DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, lown, or country) REMOVAL (Specify) Baltimore, Maryland Burial Oak Lawn Cemetery 23. FURTER AL DIRECTOR 246 REC'D BY REG STRAR 246. REGISTRAR'S SIGNATURE VR A15MF 5M 1/62 JAN 1407 bastern Ave. #21

STATE DEPARTMENT OF HEALTH



n f $4\ell_{K}$ MARYLAND STATE DEPARTMENT OF HEALTH

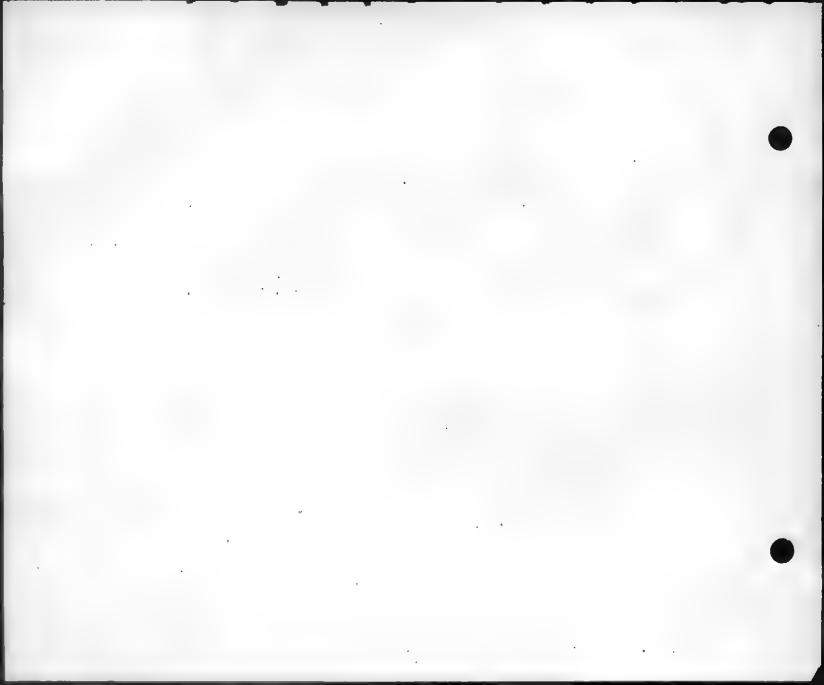
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00790

	U1U44 (4.1)		OEM III IOA I	OI DENIII	
1	PLACE OF DEATH	1			ased lived, If institution: Residence before admission)
/	4. 0001111	Baltimore	MARYLAND	a. STATE Haryland	b. COUNTY XRXXXXXXXXXX
	b. CITY OR TOW	N (if outside corporate limit			prate ilmits, write RURAL and give nearest town)
	Cat	and give nearest town)	9yr3mthl8dfs	Baltimore	1 - /
	d. NAME OF HOS	PITAL OR INSTITUTION (If no	ot in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM?
- 5	SPRIG G	ROVE STATE H	Ol'I AL	611 West Tro	
3.	NAME OF DECEASED	First	Middle	Last 4. DATE	Month Day Year
	(Type or print)	Amanda	E. Sh:	ipley (Sach) DEATH	January 14 19 66
	SEX	6. COLOR OR RACE 7, MAR	RRIED NEVER MARRIEO	1017	AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. last birthday) Months Days Hours Min.
	Cemale		DIVORCEO DIVORCEO	Harch 29,XXXX	XX86 _{rs.}
10a dur	USUAL OCCUPAT	IDN (Give kind of work done ing life, even if retired)	IOD. KIND OF BUSINESS DR INDUSTRY	11. BIRTHPLACE (County & State, o	COUNTRY?
13.	FATHER'S NAM	ewife		Maryland 14. MOTHER'S MAIDEN NAME	U. S.
				4	
	Milliam T	. Fields	1 10 000(1) 000(0)7/40 1 - 2	Amanda Barne	
(Yt	EXXXXXXX	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) O		ords: SPRIIO GR	F. LEHWERT 950 DULLANEY O'E ST'HE HOS ITAL VALL
			per line for (a), (b), and (c).]		I INTÊRVAL BETWEEN
		ATH WAS CAUSED BY:	Arterioscleroti	r heart disease	ONSET AND DEATH
	11-10	IMMEDIATE CAUSE (a)	111 001 1000 101 001	c near v discase	
	Cenditions, if	OUE TO			
	gave rise to	Immediate (
	cause (a), st	ating the DUE TO			
z	underlying caus	(6)	TO DUTING TO SEATURIT NOT SELE	TEO TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(a) 119. WAS AUTOPSY
밁	PARTIL OTHERS	IGHTERAT CONDITIONS CON	Pneumonia	IEO IO INE I ERMINAL DISEASE CONO	PERFORMED?
FIC	OD- LOGIDENT	WAS UNDERLYING 17 2		DOS AFINAN MANAGEMENT OF BUILDING	YES NO 🔀
CERTIFICATION	OR CONTRIBUTE	NG CAUSE OF DEATH	OD. DESCRIBE NOW INJURY OCCU	RRED, (Enter nature of Injury in Par	t i or Part ii of item 16.7
SA!	20c. TIME OF I	NJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLA		lity or town) (County) (State)
MEDICAL	Hour a.n		While Not While 1acto	y, street, office bldg., etc.)	
Σ			ttended the deceased from	Sept. 26 19 56 to	Jan. 14, 1966, that 10 (we) last
	saw the dec	ceased alive on Jan	. 14 19 66 , and that	death occurred at 35 M, from	n the causes and on the date stated above.
	22a. SIGNATUR		waderler M.O	ATTENDING MEO. PHYS. DIRECTOR	STAFF 22b. DATE SIGNED 1-11:-66
	22c. PHYSICIA	N'S			GROVE STATE HOSPITAL
	NAME (Ty	rpe) Stella	Wachsler, M. D.	Baltimor	e,ryland 21228
238	. BURIAL, CREM	ATION, 23b. OATE THEREO	F 23c. NAME OF CEMETERY		ATION (City, town or county) (State)
	REMOVAL (Spe	AL 1/17/66	BALTIMORE CEM		LTIMORE, MARYLAND
24	. FUNERAL DIRE		ADDRESS	25a. REC'D BY REGIST	RAR 25b. REGISTRAR'S SIGNATURE
HU	BBARD FU	NERAL HOME, 41	07 WILKENS AVENUE	29 DAJAN 18 19	166 Peterlan Judge

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then phase canone carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after-death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death.

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b write RURAL and give nearest town) bon papers. Pag within 72 hours Baltimere d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .⊑ filled d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 636 Dulaney-Towson N.H. Cokesbury NO X completely yes carbon p 3. NAME OF Middle Last DECEASED event, 1/21/66 DEATH 19 (Type or print) GEORGE SHIPLE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Months | Days | Hours | Min. 5. SEX 6. COLOR DR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Male White Apr. 21.1872 WIDDWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired) .= 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) INDUSTRY and Harford Co. Md. Pa. RR USA (Ret)Carpenter Foreman 13. FATHER'S NAME removal, 14. MOTHER'S MAIDEN NAME Benj. R. Shipley Martha Ann been signed by the attending the burial-transit permit. The or to burial, cremation, or rem Logsdon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) ((If yes give war or dates of service) Odaughter Mrs. Helen 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the hosmital or attending physician. Disease DUE TO Cenditions, If any, which gave rise to immediate as the prior to DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY r this certificate had detached for use a te Dept. of Health p PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF GEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (State) 20f. (City or town) (County) DIRECTOR: After tage 3 should be defilled with the State Hour a.m. While Not While at work at work p.m. 1966, that (1) (we) last 21. I certify that (!) (this hospital) attended the deceased from and that death occurred at o M, from the causes and on the date stated above. saw the deceased alive on 66 BICNATURE 22b. DATE SICNED Age 4 m. J. FUNERAL Din. 22a. PHYS. DIRECTOR PHYS PHYSICIAN'S 22c. 22d. ADDRESS director, p should be 1 NAME (Type) BURIAL, CREMATION, REMOVAL (Specify) (State) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 0 Balto. Burial FUNERAL DIRECTOR REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE Mitchell-Wiedefeld Home 6500 York Road,

VR A15 (4) 20M 1/65

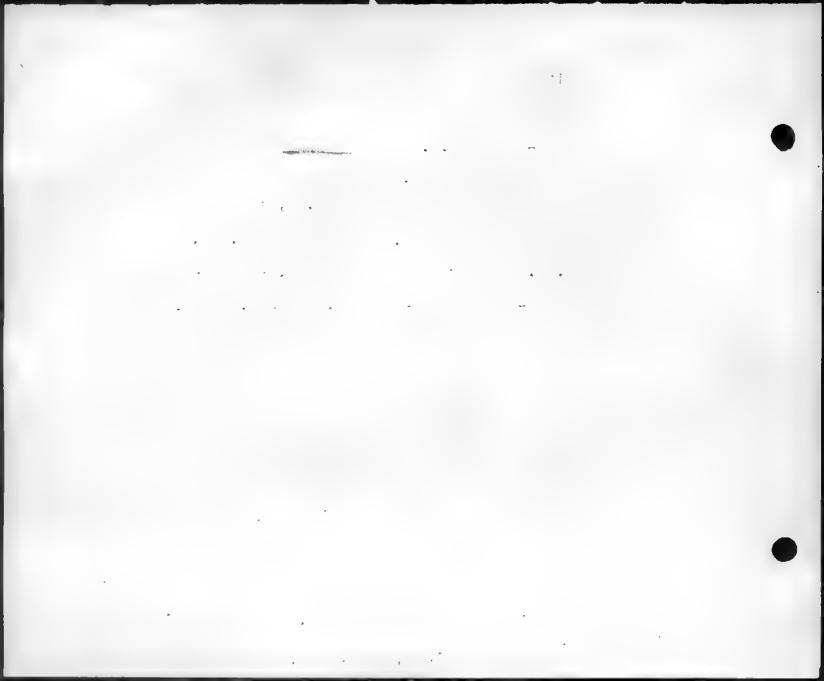
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HYSICIAN: The law requires that the death certificate



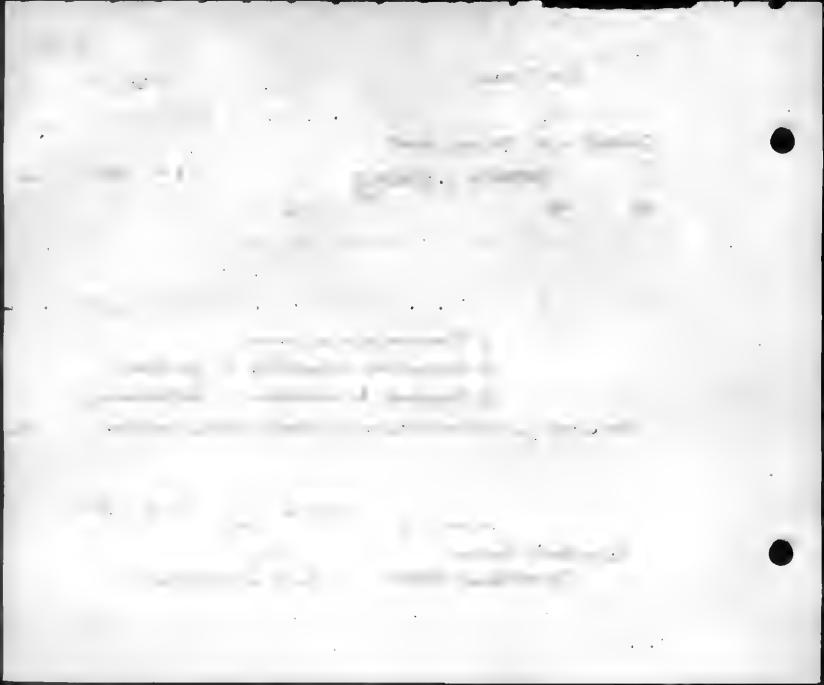
and 2 funeral and 2 death. etely filled in by the furbon papers. Pages 1 a within 72 hours after d after hours within npletely carbon p and comple lethous carl nany event, executed and in the attending physician t permit. Then please ation, or removal, and in pe certificate been signed by the attraction the burial-transit permit or to burial, cremation, c or attending physician. as the prior to has After this certificate his be detached for use State Dept. of Health is for use Health hospital PHYSICIAN: the After Id be d be retained DIRECTOR: A age 3 should lied with the page Page 4 may HOSPITAL TO FUNERAL director, p

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 1. 2. USBAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLANO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 Catonsville Several Baltimore Maryland 21207 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? MURSING HOME Birch NOX Drive YES NAME OF DATE First Middle Last Month Day Year OECEASED HURE 1966 HAROLD Shores (Type or print) DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. DATE OF BIRTH 7. MARRIED TA NEVER MARRIEO WICOWED DIVORCED 66 10a USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INOUSTRY COUNTRY? Retired Price ARU Clerk Calvert Drug Maryland 13. FATHER'S NAME MOTHER'S MAIDEN NAME L-dware 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or wokown) (If yes give war or dates of service) ·10·9266 Kathleen B. Shores 2411 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). OUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORME 0? - Chronic Brain Arterios elevosis NO DX 20a. ACCIOENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Nov. 16-1965 10 - 19 66, that (I) (we) last -10-1966 and that death occurred at AM, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. OATE SIGNED ATTENOING' M.D. PHYS OIRECTOR __ PHYS. 22c. PHYSICIAN'S 22d. **ADORESS** CAUERO NAME (Type) 24 10 e 121 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF (State) REMOVAL (Specify) Onancock Cemetery REC'O BY REGISTRAR 25b. 24. FUNERAL DIRECTOR J.T.Stansbury 6411 Windsor Mill

OATE

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the for h. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by the bound of the property. Page within 72 hours a C. LENGTH OF STAY IN 1b write RURAL and give nearest town) 巨 Fort Howard 2 Davs Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 4509 Weitzel Avenue No XX YES 3. NAME OF DECEASED Middle Last 4. DATE Month Year (Type or print) HARRY EMERSON DEATH SIDERIN 1966 JANUARY 20TH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIEDY NEVER MARRIED AGE (In years LIF UNDER 1 YEAR UF UNDER 24 HRS. emov last birthday) Months | 3/6/97 Days Hours 68 WIDOWED I DIVORCED nding physician .
Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Salesman (Hecht Co) Department Stores Baltimore, Maryland U.S.A 14. MOTHER'S MAIDEN NAME ed by the attendi∎ p transit permit. Then cremation, or remova Frederick W. Siffrin Sophia Trutschel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 213-09-4506 Clin.Rec. VAH.Fort Howard, Maryland Yes WW I 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).) INTERVAL BETWEEN n signed by t burial-transit burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. RESPIRATORY FAILURE IMMEDIATE CAUSE (a) DAYS DUE TO CONCESTIVE HEART FAILURE 4 YEARS Cenditions, if any, which (b) peen gave rise to immediate the tr DUE TO cause (a), stating ARTERIOSCLEROTIC HYPERTENSIVE CARDIOVASCULAR prior underlying cause last. 92 DISEASE YEARS NO PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health certificate CERTIFICATI PERFORMED? YES NO XX 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ihed 1 ot. of detailhe e Dept. this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State Ношт а.т. factory, street, office bidg., etc.) After While Not While n.m. at work at work DIRECTOR: Af age 3 should lifed with the S retained 21. I certify that XI) (this hospital) attended the deceased from 1906 and that death occurred at 10:10 Phom the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE DATE SIGNED 22b. page STAFF PHYS. XX 4 may DIRECTOR O FUNERAL 22c. PHYSICIAN'S NAME (Type) director, p 22d. ADDRESS JOHN D TALBERT, M.D. V.A.HOSPITAL, FORT HOWARD, MARYLAND BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 3310 Taylor Avenue
Baltimore Mary
By REGISTRAR | 25b. REGISTRAR'S SIG 1/24/66 Parkwood Cemetery REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Brehms Lane Schimunek Funeral Home Baltimore. Maryland

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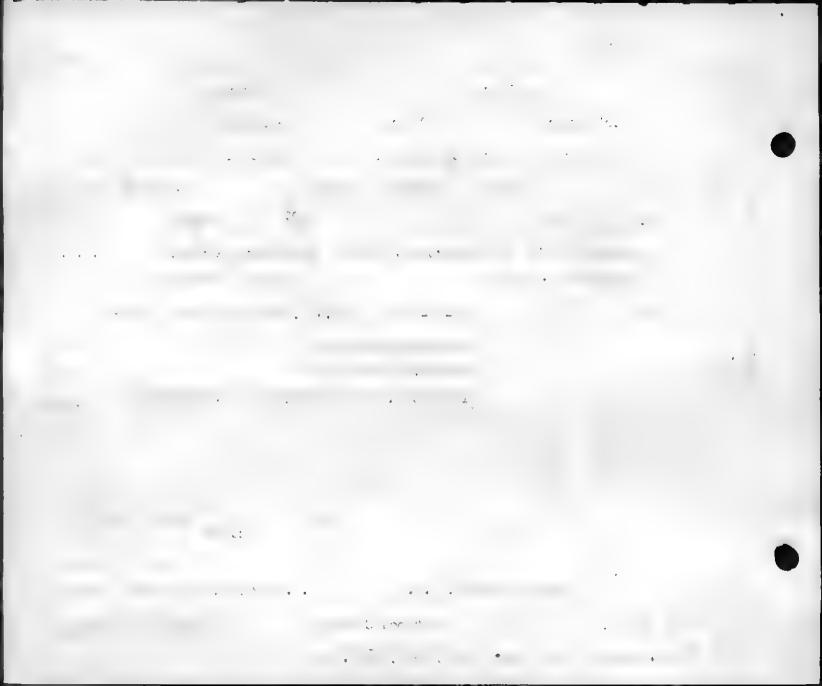
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death. by the funeral and 2 after Pages ■4 hours filled in ■emth certificate Me executed within physician and completely carbon please removal,

lease remove carbon papers. Pages I and in any event, within 72 hours after

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pl director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or remova be retained by the hospital or attending physician. Page 4 may

OR ATTENDING PHYSICIAN: The lam megnirms like the

MARYLAND STATE DEPARTMENT OF HEALTH STREET BALTIMORE 1 DIMICION OF CTATICTICAL 1.

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	00432			CERTIFICA	ATE OF	DEATH				(10.2	25
	PLACE OF DEATH	1		MARYLAN	a. S1	ATE Md		ased lived, If b. CO	institution: UNT Bal	Residence	before ad	mission
	Randall		n)	c. LENGTH OF STAY IN	Rand	R TOWN (If ou		orate limits,	write RURA	L and giv	ř	
Ĺ		spital or institution		spital, give street addre		T ADDRESS iott sv i	lle Ro	i. ox	353		ON A F	
	NAME OF DECEASED (Type or print)	Sallie		Middle	Skipp		DATE OF DEATH		1, 19		Yea 19	
	female	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE O	• 1904	9.	ACE (In year last birthday of last)	Months	Days	Hours	Min.
1.	ring most of worki	ION (Give kind of work of ing life, even if retired 156wife	100 10b. KI	Bal	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA							
3.	Levi A.	Curtis			1	Rebecci		hl				
		EVER IN U.S. ARMED FOI (If yes give war or dates of			17. INFORMAN		Mari	Add riotts		Rd. 1	Box 3	353
		DEATH [Enter only one EATH WAS CAUSED BY: IMMEDIATE CAUSE	4	ne for (a), (b), and (c).1	-o ma	- of	pr	loma	ch		RVAL BET ET AND D	
	Conditions, If a	Immediate	(b)	Apela	z laz		1 the	ne	/			
	cause (a), st underlying caus PART II. OTHER S	ie last.	(c)	THIC TO DEATH BUTNOT	RELATED TO THI	TERMINAL DIS	EASECOND	ITION CIVEN	IN PART 1 (a) 19.	WAS AU PERFOR	
				/						1	LCULAR	MIED:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

CERTIFICATION MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED
While Not While at work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While at work p.m.

21. I certify that (I) (this hospital) attended the deceased from D. deceased alive or M, from the causes and on the date stated above. saw the and that death occurred at 22a. SICNATURE DATE SICNED 22b. ATTENDING PHYS. STAFF DIRECTOR PHYS. M.D. PHYSICIAN'S NAME (Type) **ADDRESS**

22d. Reisterstown, Md. THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) 23b. DATE

23a. BURIAL CREMATION, REMOVAL (Specify) Randallstown, Balto. Co., 1966 Wards Chapel Cem.

NO D

(State)

(State)

YES |

FUNERAL DIRECTOR ADDRESS REC'D BY RECISTRAR | 25b. 21133 25a. 8728 Liberty Rd. Randallstown, Md. DATEL

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je . Party of the * e **** • • • • • • • • • •

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the lleath certificate by executed mithin Page 4 may be retained by the hospital or attending physician.

24 Maurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tembre carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafin.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0043	3			CERTIFICA	ATE	OF DEATH			()	11/16	38
1.	PLACE OF DEAT	Н				1		E (Where deceas	ed lived, If institution:	Residen	ce before	admission
	u. cobirri	Bal	timore		MARYLANI	,		ryland		Lleg		
-	b. CITY OR TOW Write RURAL	VN (if outs	ide corporate	limits,	c. LENGTH OF STAY IN		c. CITY OR TOWN (If	outside corpor	ate limits, write RURA	L and g	lve near	est town
	Catonsvi	lle	Heart town	,	llyrllmth5d	ys	Cumber]	land, Ma	ryland		196	
	d. NAME OF HO	SPITAL OR	INSTITUTION	(if not in h	ospital, give street addre		d. STREET ADDRESS					ESIDENC!
5	SPRING G	ROVE	STATE	нот	ITAL		315 Per	ın Avenu	е		YES [NO 3
3.	NAME OF	-	Firs	t	Middle		Last	4. DATE	Month	Oa	y Y	ear
	(Type or print)		Virgin			Sl	uss	DF DEATH	January	5	19	66
5.	SEX	6. COLO	R OR RACE	7. MARRIED	NEVER MARRIEO	8	. OATE OF BIRTH	1 12	GE (in years IF UNCE of birthday) Months	R 1 YEA		
	female	whi	te	WIDDWED	DIVORCED		DEC. 16,1	897 6	Ø yrs.		-	
10 du	a. USUAL DCCUPA Iring most of worl	TIDN (Give	kind of work di	one 10b, i	CIND DF BUSINESS OR		11. BIRTHPLACE (Co	ounty & State, or	foreign country) 12.	CITIZEN	OF WHA	ĄΤ
1	nurse	ang me, e	· · · · · · · · · · · · · · · · · · ·		spital		West Vi	reinia		J. S		
13	. FATHER'S NAM	AE.					14. MOTHER'S MAID	EN NAME				
	John	W. ;	Sluss				Frances 1	horpe				
1	5. WAS DECEASED	EVER IN U.	S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT		Address			
	inknown	(II) Cagin	01 0410301.	2111007	137-24-5337	Rec	ords : SPH	RI G GR	OVE STATE	НО	SPIT	AL
-	18. CAUSE OF	OEATH [E	nter only one	cause per	line for (a), (b), and (c).]					INT	FRVAL B	ETWEEN
	PART J. 0	EATH WAS	CAUSED BY:	a) Ce	rebrovascula	r a	ccident			014	SEI AND	DEATH
	4201		OUE T	-,								
	Conditions, If	any, whi	t de		teriosclerot	ic	heart disea	3.S.B				
	gave rise to cause (a), s		te (/								
	underlying cau		1	c)								
NO.	PART II. OTHER	SIGNIFICA	NTCONDITION	SCONTRIB	UTING TO GEATH BUT NOT	ELA	ED TO THE TERMINAL (DISEASE CONDIT	ION GIVEN IN PART 1(a) 19	. WAS /	AUTOPSY DRMED?
ICA										У	res 🔲	ND [
F	20a. ACCIDENT DR CONTRIBUT	WAS UND	ERLYING	20b.	DESCRIBE HOW INJURY O	CCUI	RREO, (Enter nature of	Injury In Part	or Part II of Item 1	8.)		
CE.	(IF EITHER, NO	TIFY MED	ICAL EXAMINI	ER)								
MEDICAL CERTIFICATION	20c. TIME DF		Aonth, Day, Y		4	PLAC	E OF INJURY (Home, fa y, street, office bldg., e	rm, 20f. (Cli	y or town) (C	OUNTY)		(State)
MED	Hour a,	.m. .m.	19	While at wor	MOT WAILE	00001	3, attoot, amoo blag., a					
-		fy that R	(this hospi	tal) attend	led the deceased from		Jan. 28 1	9.5/1. toJa	n. 5 19	56	that 🌂)	(we) las
	saw the de	-		Jan.	5 19 66 and	that	death occurred at	340 M, from	the causes and on	the da	ite state	ed above
	22a. SIGNATU	JRE	(1		4			a.	22b.	DATE S	IGNEO	
			Stel	164	Wachrler	M.O.		MED. DIRECTOR	PHYS. 1	-5-6	6	
1	22c. PHYSICI NAME (1	AN'S Type)	01 33	M 1	7 M D						USP.	ITAL
L					sler,M. D.			altimor	e, Maryland	21		~0
23	a. BURIAL, CREI	naclfu)	23b. DATE TH		23c. NAME OF CEME				TIDN (City, town or c	ounty)	((State)
1	Burial		Jan. 8.	1966	Queens Po	in	t Cemetery	Keys	AR 255 REGISTRA	010 010	SIRTHE	
2	4. FUNERAL DIR				ADDRESS		JAN	1 I 196	B 250 REGISTRA	2,	redat	
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VR A15 (4) 20M 1/65



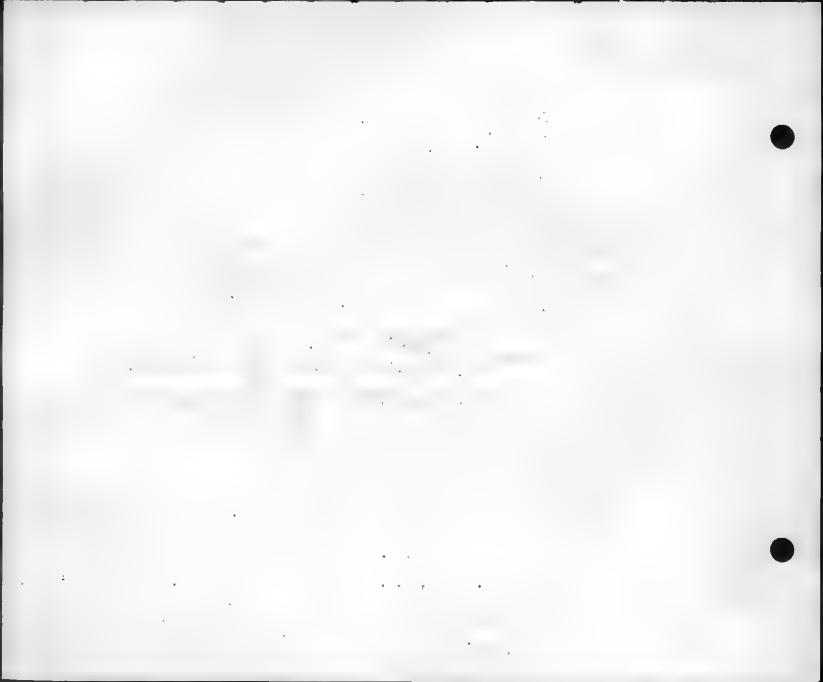
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00434 PLACE OF DEATH funeral and 2 hours after death. and 2 death, USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Baltimore b. COUNTY papers. Pages 1 in 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Nount Wilson c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Mount filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Mount Wilson State Hospital YES NO L completely i executed within event, with 3. NAME OF DATE Month Year Middle Last DECEASED OF DEATH 19 66 (Type or print) 5. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months | Days | Hours | Min. remove OF BIRTH 7. MARRIED NEVER MARRIED Months Days Hours and in any WIDOWED DIVORCED TO attending physician a ermit. Then please re 10a, USUAL OCCUPATION (Give kind of work done). 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) þ during most of working life, even if retired) INDUSTRY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician. FATHER'S NAME MOTHER'S MAIDEN NAME E 15. WAS DECEASED EVER IN U.S. ARMIED FOR (Yes, no, pr unknown) (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. TO FUNERAL DIRECTOR: After this certificate has been signed by the attened director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or r Mt. Wilson St. Hospital Records Hosp. INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES [NO T acol Tun Clo 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Port 1 or Port II of Item 18.) MEDICAL 20e. PLACE OF INJURY (Home, farm, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (Stete) (County) factory, street, office bidg., etc.) Hour a.m. Not While While p.m. at work at work 19/0 6 1965 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last and that death occurred at 4:55, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED SIGNATURE 22a. ATTENDING PHYS. MED. STAFF PHYS. M.D. DIRECTOR PHYSICIAN'S 22d. ADDRESS NAME (Type) Newcomer Superintendent Mount Wilson Maryland M.D., BURIAL, CREMATION, REMOVAL (Specify) 23d, LOCATION (City, town or county) 23b. DATE THEREOF (State) Burial Balto. Md. 10 1966 orraine **FUNERAL DIRECTOR** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. ADDRESS 25a. 130 E. Fort Ave VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

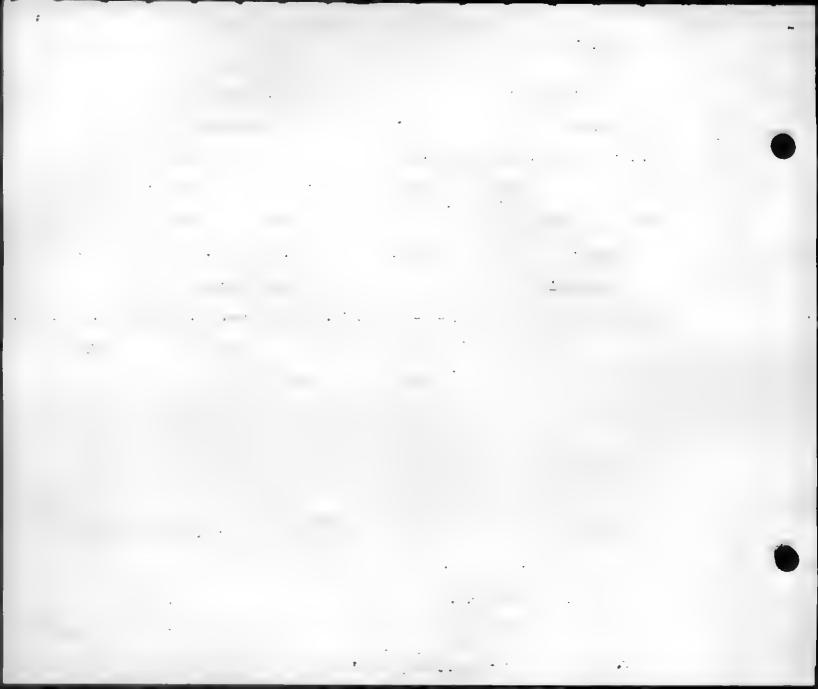


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MARYLAND STATE DEPARTMENT OF HEALTH



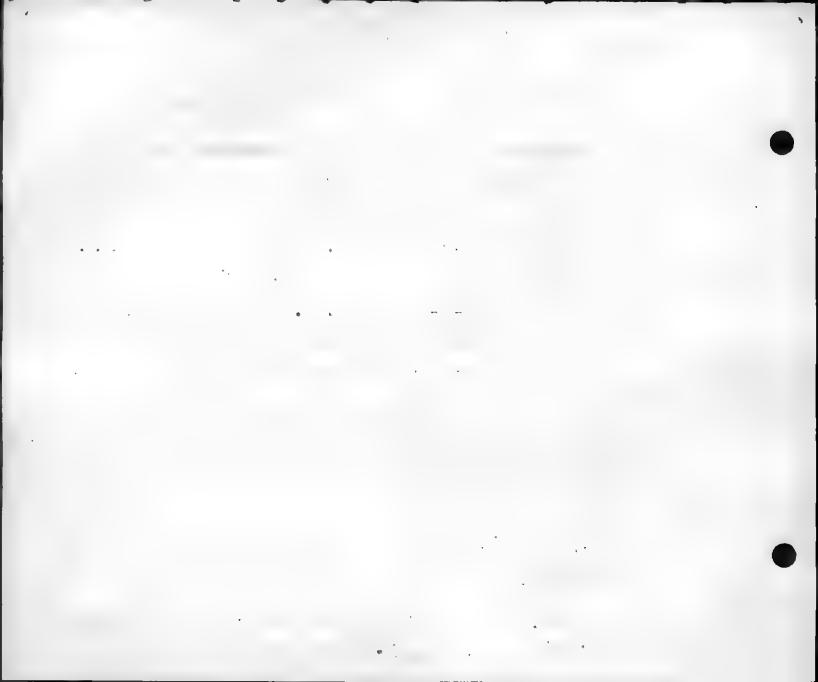
BETTER BUSINESS FORMS, INC., BALTIMORE, MD. 21201



- R		00437 CERTIFICATE OF DEATH
4 204 (A)	712	CERTIFICATE OF DEATH
executed within 24 hours after death.	1.	PLACE OF DEATH a. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE Maryland Baltimore
hours after in by the s. Pages 1 hours after		D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
in b		owson
ithin 24 hou bon papers.	,	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 132 Hopkins Rd. a. Is residence on a farm? Yes \(\sum no \omega \)
d within mpietely carbon j ent, with	3.	NAME OF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) Mary R. Smith DEATH Jan. 14 1966
wecuted any eve	5. J	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 1 9. AGE (In years IFUNDER 1 YEAR FUNDER 24 HR last birthday) Months Days Hours Min. 7/26/1890 75 yrs.
	du	.USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, & foreign country) 12. CITIZEN OF WHAT COUNTRY?
icate physi m ple val, a	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
certifical nding phy Then premoval,		George L. Smith Mary Rahm
atter atter irmit, n, or	15 (Y	was deceased ever in u.s. armed forces? 16. social securityno. 17. Informant address (If yes give war or dates of service) 219102988 Mr. Billy L. Smith-132 Hopkins Rd.
he de v the sit pe matio		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
at the ian. d by transcrem		PART I. DEATH WAS CAUSED BY: 1/4 rteno (Conot (About Ausease)
law requires that a attending physician a has been signed the se as the burial-tran th prior to burial, cre		DUE TO 2. At wal tilullation.
uire g pha en s bu		Conditions, If any, which gave rise to immediate (b)
requiling and maken been the boot to the b		cause (a), stating the DUE TO 3 Carplia (cerrlit. 4) trace (3 Mellela, .
law re attendi has bi e as th	2	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
I: The la al or at ficate h for use Health	CAT	PERFORMED? YES \ NO \
AN: pital pital d fo of H	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING COURTED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 10c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)
三京ペラ の	-	21. I certify that (I) (this hospital) attended the deceased from 1003 1965, to 120-18 1966, that (I) (we) las
ATTENDING retained by CTOR: After should be vith the Stal		saw the deceased/alive on 1966, and that death occurred at 7. A.M. from the causes and on the date stated above
d a see a		226. SIGNATURE ALL ALL ALL ALL ALL ALL ALL ALL ALL AL
TO HOSPITAL (Page 4 may 10 FUNERAL Didictor, page 10 should be file		22c. PHYSICIANS TAMSHII) HAMED 22d. ADDRESS 1227 DELIANEY VALLE
Pag Pag O Fi	23	REMOVAL (Specify)
0	13	urial 1/17/66 Lorraine Park (em. Baltimore, Maryland
VR A15 (4)	1	10 0 10 5205 11 1 10 1 1AN 17 1000 Mireals Quality
41. 145 (4)	VIL.	conard y. Kuck ync. 5305 Hargora Na. DATEN I (1300)



1			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	ADVI AND
1; FC	œ .		00438 CERTIFICATE OF DEATH	00431
24 hours after death. filled in by the funeral apers. Pages 1 and 2	er dêat	à.	PLACE OF DEATH a. CDUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Res a. STATE Maryland D. COUNTY	ildence before admission)
rs after by the f	saft		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	ind give nearest town)
in the	hour	_	Fort Howard 17 Days Baltimore	1
	within 72 hours		d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address) Veterans Administration Hospital 1100 Montcalm Court	e. IS RESIDENCE ON A FARM? YES ND
within	int. Wit	3.	NAME OF First Middle Last 4. DATE Month DECEASED (Type or print) RALPH MILLINGER SMITH DEATH JANUARY 15	Day Year 19 66
executed within n and confinete	my event,	5.		
	and in any (10a dur		IZEN DF WHAT JNTRY?
icate phys		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	A.
ertifi Jing The	ог гетома		SMITH FRANCES MILLINGER	
death certificate be te attending physicial permit. Then please	ou, or	(Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address (IF yes give war or dates of service) YES WW I 213-10-19-05 Clin.Rec.VAH, Fort Howard, Marylan	d
y the	cremati		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE	INTERVAL BETWEEN ONSET AND DEATH 1 MONTH
The law requires that the or attending physician. Cate has been signed by the ruse as the burial-transit	burial,		Conditions, if any, which gave rise to immediate (b) APTERIOSCIEROTIC HEART DISEASE	UNKNOWN
law requi	rior to	 -	cause (a), stating the DUE TO underlying cause last.	_
ICIAN: The la lospital or att certificate ha	ealth p	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO X
ICIAN: The nospital or a certificate the for use	pt. of H	4 1	20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that t Page 4 may be retained by the hospital or attending physician. I FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-fran	tate Dept.	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4 4 4 4 4 4 4 4 4	ty) (State)
ATTENDING retained by CTDR: After S should be	h the S			that (1) (we) last
L DR ATTENDII y be retained DIRECTOR: A	led wit		228. SIGNATURE 22b. DAT	TE SIGNED
HOSPITAL age 4 may FUNERAL rector, pa	should be filed v		22c. PHYSICIAN'S NAME (Type) GEORGE DUDAS 22d. ADDRESS VAH FORT HOWARD, MARYLAND	
70 HG	shou	23a	REMOVAL (Specify)	
⊢	H	24.	Burial Jan. 19,1966 Baltimore National Cemetery Baltimore, Mar. FUNERAL DIRECTOR 1258. REC'D BY REGISTRAR 255.	
VR AL5 (4 20M 1/6		£	George Jonce LOOI Ritchie Highway 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S Baltimore, Maryland DAAN 17 1966	Judge



death.

after

hours

executed

þe

certificate

death

The law requires that the

PHYSICIAN:

ATTENDING

HOSPITAL

. . 3 p *

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission)

Crematory

Lees

ADDRESS

St.

IS RESIDENCE ON A FARM?

Year

19 66

FUNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

NO D

(State)

PERFORMED?

that W (we) last

(State)

19.

(County)

22b. DATE SIGNED

REGISTRAR'S SIGNATURE

1-23-66

YES

YES

Day

Days

12. CITIZEN OF WHAT

COUNTRY?

Month

Address

Washington

REC'D BY REGISTRAR | 25b.

Months

NO

00440 funeral **eath** app 1. PLACE OF DEATH a. COUNTY b. COUNTY. by the fi Pages 1 urs after MARYLAND or TOWN (If outside opporate limits, write RURAL and give nearest town) Suitland, Md. b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY etely filled in by the bon papers. Page within 72 hours a write RURAL, and give nearest town) OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Swann Road etely completely we carbon 3. NAME DE First Middle Last 4. DATE vsician and complete. DECEASED DF (Type or print) DEATH SEX 6. COLOR DATE AGE (In years LIFUNDER 1 YEAR) 7. MARRIED NEVER MARRIED birthday) WIDOWED TO DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) INDUSTRY At Home FATHER'S NAME removal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMAN1 permit. 5 (Yes, no, or unkown) | (If yes give war or dates of service) unknown cremation. CAUSE OF BEATH | Enter only one cause per ling for (a), (b), and (c) been signed by the burial-transit or to burial, crema I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If any, which gave rise to immediate as the l DUE TO cause (a), stating underlying cause last. has (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED use Health certificate 01, hispital 20a. ACCIDENT WAS UNDERLYING F DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING [7] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) State WED Hour a.m. After Id be d Not White at work p.m. 19 at work retained 1965. the 21. I certify that # (this hospital) attended the deceased from to. DIRECTOR: age 3 should lied with the and that death occurred at 10.46M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE þe MED page ATTENDING PHYS M.D. PHYS. DIRECTOR щау TO FUNERAL 22c. PHYSICIAN'S 22d. **ADDRESS** director, p NAME (Type) Page 23a. BURIAL, CREMATION, 23b. LOCATION (City. REMOVAL (Specify)

24/66

Lees Son

VR A15 (4) 20M 1/65

Cremation

24. FUNERAL DIRECTOR

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hours

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PHYSICHN:

MONTHLA



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requims that the limits certificate be executed within 24 llours after lleath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please redicted papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

A CAL		DIVISION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
	4	00441 CERTIFICATI	E OF DEATH	00:34
1	1.	PLACE OF DEATH a. COUNTY ALT	2. USUAL RESIDENCE (Where deceased lived, If Institution: Resi a. STATE D. COUNTY BA	dence before admission)
		b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENCTH OF STAY IN 1b	c. CITY DR TOWN (If outside corporate limits, write RURAL an	nd give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS Timber inches	8. IS RESIDENCE ON A FARM?
3/	=	House IN PINES 16 Fusting Ave.	16/HUSTINE PAUE	YES ND
	3.	NAME OF DECEASED PRETTYMAN BLISS SOME		Day Year 1966
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED UNIONED DIVORCED DIVORCED	8. DATE OF BIRTH 9. ACE (In years Funoer 1 vi Months Day Months Months	YEAR IF UNDER 24 HRS. ays Hours Min.
	10a dur	a. USUAL OCCUPATION (Give kind of work done industry) ON STANDARD (Five kind of work done industry)	th a CDUI	IZEN DF WHAT NTRY?
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15 (Ye	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. es, no. or unkown) (If yes give war or dates of service) 13 01 6207 8	INFORMANT Address OBERT M. SOMERS	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	umkingation	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which I are Charge Mayords	ditis	1532.
		gave rise to immediate cause (a), stating the DUE TD	in Sin Vagentar Discree	1870.
	ICATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELA	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a)	119. WAS AUTOPSY PERFORMED? YES NO (4)
0	CERTIFIC	20a. ACCIDENT WAS UNDERLYING TO COLOR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of Item 18.)	165 10
	MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Count pry, street, office bidg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased from	2-21-, 1963, to 1-18, 1966	
		saw the deceased alive on 19.00, and that 22a. SICNATURE	nt death occurred at 70°M, from the causes and on the	TE SICNED
/		22c. PHYSICIAN'S NAME (Type) Wilmer K. Gallager, Sr.	D. PHYS DIRECTOR PHYS. 17-79 22d. ADDRESS 6209 Frederick Ave. Balling	pre, Md 28
۵	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y DR GREMATORY 23d. LOCATION (City, town or county) PARK BALTS. MD.	nty) (State)
3	24 j-	4. FUNERAL DIRECTOR 301 FREDERICK	Rd 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S	
1	K	S. MALNABB 21228	DATEN 2 1999 & Simple	Judal

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VR #15 (4) 20M 1/65



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		MARYLAND STA	ATE DEPARTM	EN OF H	IEALTH		
DIVISI	ON OF STATISTICAL	. RESEARCH AND F	RECORDS, 301 W.	PRESTON	STREET, BA	LTIMORE 1,	MARYLAND
0044	<u> </u>	CERTI	FICATE OF	DEATH			10045

-	Baltimore Baltimore Baltimore MARYLAND D. CITY OR TOWN (if outside corporate limits, write RUR Write RURAL and give nearest town) Towson Joseph Hospital St. Joseph Hospital Bart Pland C. CITY OR TOWN (if outside corporate limits, write RUR Towson Joseph Hospital St. Joseph Hospital Bart Pland C. CITY OR TOWN (if outside corporate limits, write RUR Towson Joseph Hospital St. Joseph Hospital Bart Pland C. CITY OR TOWN (if outside corporate limits, write RUR Towson Joseph Hospital St. Joseph Hospital St. Joseph Hospital Southouse Southouse Bart January Southouse Bart January Southouse March 20, 1887 Widdie March 20, 1887 Widdie March 20, 1887 Wildie March 20, 1887 Wiscon Month		00435	
	1.	a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE Paryland b. COUNTY	esidence before admission)
			c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
		Towson 5 years	Towson 21204 . "	1
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)		e. IS RESIDENCE
X		St. Joseph Hospital	239 Ridge Ave.	e. IS RESIDENCE ON A FARM? YES NO DO Month Day Year 28 19 66 ears IF UNDER 1 YEAR IF UNDER 24 HRS day) Months Days Hours Min. Trs. OUNTRY EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO COUNTRY TEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO COUNTRY THE PROPERTY OF WHAT ONSET AND DEATH TY 28 9 66 that (I) (we) last USES and on the date stated above. 122b. DATE SIGNED January 28, 196
		(Type or print) Edward Robert SC	Last 4. DATE Month	
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER	
		Aller 13 1 Will UD	March 20, 1887 78 yrs.	
	10a dur	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ing most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
i	Pa	iper Industry-Ret. Retail Products	MUSCIALLA	.J.A.
		FAIRER'S NAME		
	15. (Ye	ts. no. or unknwn) ((If yes give war or dates of service)		
		No None to	amily Records	
		/ IMMEDIATE CAUSE (a) TYOCATCLAL INIA	rction	
		DUE TO		
		cause (a), stating the DUE TO		
	×	(6)	TEN TO THE TENRINGS IN DECASE CONDITION CHEN IN DADT 1/a)	IIG WAS AUTOPSY
	ATI(TART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT REDA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN FART 1(a)	PERFORMED?
. 1	TFIC	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of injury in Part I or Part II of Item 18	
	ERI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INCLO, (Circol flotato of Injuly in Face 1 of Face 1 of Item 20	•
			CE OF INJURY (Home, farm, 20f. (City or town) (Cot	inty) (State)
	MEDICAL	Hour a.m. While Not while factor	ry, street, office bldg., etc.)	, , , , , , , , , , , , , , , , , , , ,
	Σ	p.m. 19 at work at work	muary 20 10 66 to January 2810 6	56 Abak /IV (up Uppl
		21. I del tilly tilat to till i loopitals attended tile deceased i oli	death occurred at 11:50 from the causes and on t	
		22a. SIGNATURE		
		Fragoso M.D.	ATTENDING MED. STAFF DIRECTOR PHYS.	19mr 28 106
1		220 PHYSICIAN'S	22d. ADDRESS	1219 - 120
		NAME (Type) Elmo II. Gayoso	7620 York Rd.	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or col	inty) (State)
)	1	remotion Feb. 2. 1966 Greenmount Cen	netery Baltimore, Marylan	nd
6	24:	John Bunns Sons, Towson, Maryland		SIGNATURE
0		John Burns' Sons, Towson, Maryland	1966 J	7

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY Baltimore Ral rimore Marvland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. write RURAL and giva nearest town) AR Kyll Baltimore (rural) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 2818 Clearview Avenue retained te State B Harford Rd. & Taylor Avenue YES NO X NAME OF Midd e DATE DECEASED the ROY (Type or print) SPERSCHNEIDER DEATH January 10 66 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. inst birthday) | Months 2 wit Days nd 2 hours Male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work K NO OF BUSINESS # INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done-during most proworking life, eyan if retired! 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME B 16. SOCIAL SECURITY NO. 1 17. Address (Yes, no, or unkown) i (If yes give wer or dates of service) 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Cramiocerebral Injury. IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 X NO plno 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING [Beaten about head and face. 20d, INJURY OCCURRED PLACE OF INJURY (Home, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day Year (County) (Slate) actory, street, office bldg , etc.) Hour a.m. While Not Whi-Parking Lot Baltimore Md. at work at work X 00 1966 XXX 21. I certify that I took charge of the remains described above, held an Autopsy \$ Inspection and in my opinion 0 death resulted from Natural causes Azcident Suicide Homicide Undetermined manner forwarded I. DIREC CHIEF MEDICAL EXAMINER lease execute the should be forw. PUNERAL DI: r its designated a ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 1/16/66 DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty NAME (Type) Address (Street, city, town, or county) 220 BURIAL, CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION , City town, or country) RPMOVAL (Specify) 40 9 URIA REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR VS. A15ME 5M 9 60

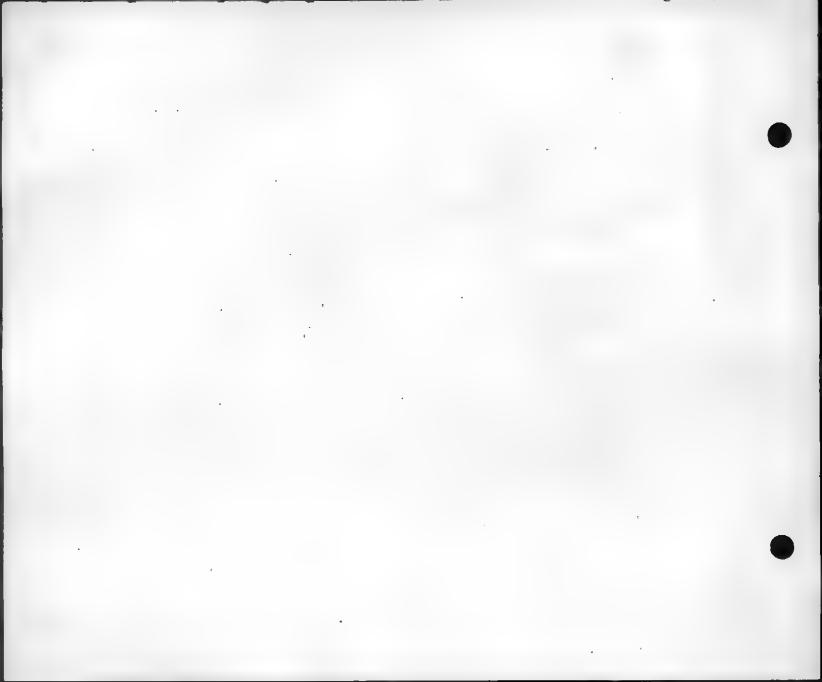


TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicator, page 3 should be detached for use as the burial-transit permit. Then please, temove carbon papers. Pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND COLLL CERTIFICATE OF DEATH

	11/1/4
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
Baltimore MARYLAND	A STATE b. COUNTY Maryland
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Baltimore 60 YRS.	Baltimore 21231 4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
St. Joseph Hospital	301 Herring Court YES NO
3. NAME OF FIRST MIDDLE DECEASED - MIDDLE	Last 4. DATE Month Day Year
(Type or print) Joseph	Spinnato DEATH January 6 1966
1. WARRIED THEFT HOWKITED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last pirthday) Months Days Hours Min.
male white widowed Divorced	7/16/90 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
FISHER BODY	Italy (A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TEROME	LINKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, or unknown) (If yes give war or dates of service) 216-01-5180 MH	R. JOS SOINNATA 6149 S. STEELE ST GG.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: Bronchoppellmonia	right lower lobe
1/ ' V	128110 101102 1000
Conditions, if any, which) DUE TO Hemorrhagic coli	He.
gave rise to immediate	VI S
canza (a), Zigilig life (erisclerotic cardiovascular disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	
ICATI	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE OF CONTRIBUTING TO DEATH BUT NOT RELEASE OF CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Port II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ory, street, office bidg., etc.)
21. I certify that (i) (this hospital) attended the deceased from	Dec. 27, 1965 to Jan 6, 1966, that (I) (we) last
saw the deceased alive on Jan. 6 19 66 and tha	t death occurred at5:30 M, from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
L'RSamahra MI	D. ATTENDING MED. STAFF 1/6/66
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) D.R.Govinda Rao, M.D.	7620 York Rd., Baltimore, Md. 21204
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL 1-10-66 HOLY ROSA	ORY CEM, BALTIMORE MD.
24 FUNERAL DIRECTOR / ADDRESS	258. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
NAYMOND L. NACZORAWSKI 2525 PLEE	J. John 13 1966 and sorter leader
7	VIII VIII VIII VIII VIII VIII VIII VII



MARYLAND STATE DEPARTMENT OF HEALTH . DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. PLACE OF CEATH 2. USUAL RESIOENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE after BALTIMORE MARYLAND MARYLAND by the Pages CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1-72 hours a c. LENGTH OF STAY IN 1b FORT HOWARD 1 DAY Saint Denhi-= filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET AOORESS within 72 e. IS RESIDENCE VETERANS ADMINISTRATION HOSPITAL 1720 SUPTON AVENUE etely 500 NAME OF First Middle Last OATE Month **OECEASEO** ve carb comple ve carb (Type or print) CHARLES EARI. SPONSLER JANUARY **OFATH** 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIEO X NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months I easement 1893 MALE WHITE WIOOWED [DIVORCEO 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician 12. CITIZEN OF WHAT INQUSTRY COUNTRY? CLERK HARDWARE STORE BALTIMORE, MARYLAND U.S.A. certificate 13. FATHER'S NAME removaí. 14. MOTHER'S MAIDEN NAME Charles Sponsler Carrie Hunter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes. no, or unknown) (If yes give war or dates of service) cremation. YES 218-03-8474 CLIN. RECORDS. VA HOSPITAL, FT HOWARD, MD WW CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat INTERVAL BETWEEN ONSET AND OEATH PART I. OEATH WAS CAUSED BY: PULMONARY EDEMA IMMEDIATE CAUSE (a) Signed **DESCRIPTION** Conditions, If any, which BRONCHOPNEUMONIA RECENT (b) peen gave rise to immediate the r to NOW IN THE CARCINOMA HEAD OF PANCREAS WITH METASTASIS TO cause (a), stating the as th prior t underlying cause last. underlying cause last.) (c) TIVER
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) UNKNOWN õ WAS AUTOPSY Health certificate PERFORMEO? CERTIFICAT OBSTRUCTIVE JAUNDICE. GASTROINTESTINAL BLEEDING YES 20a. ACCIOENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of Item 18.) oţ r this cert detached MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) be de State Hour a.m. factory, street, office bldg., etc.) Not While at work at work should 21. I certify that 30 (this hospital) attended the deceased from 3/66 DIRECTOR: age 3 should ited with the _, that (I) (we) last and that death occurred at 8:00A from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED 88 page ATTENDING M.D. PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL PHYSICIAN'S director, p ADDRESS NAME (Type) VEDANTHAM SRINIVASAN. VAH FORT HOWARD, MARYLAND BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 2 BALTIMORE NATIONAL BALTIMORE. MARYLAND -6 - 196625a. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE FUNERAL DIRECTOR 1966

ON A FARM?

19

NO K

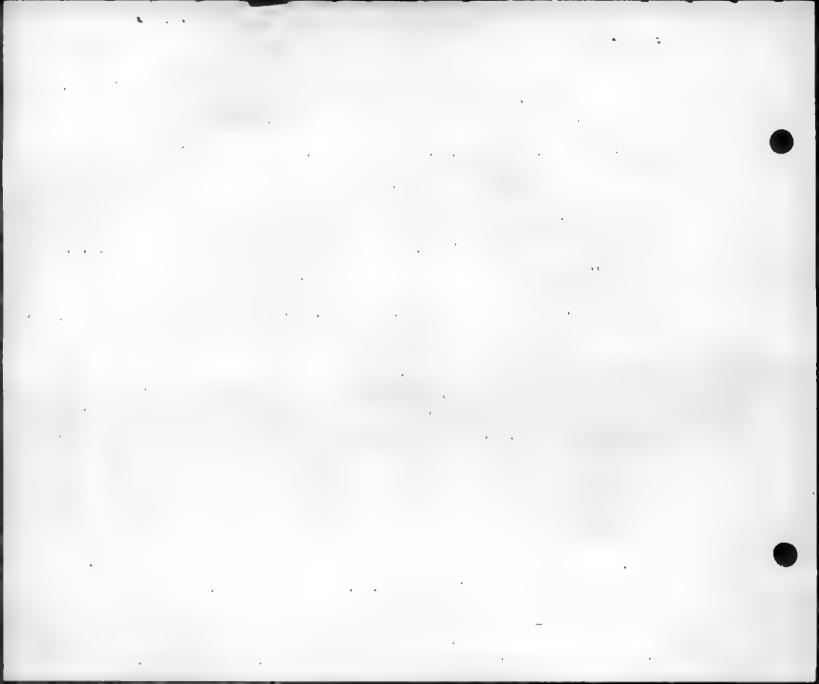
66

NO

(State)

(State)

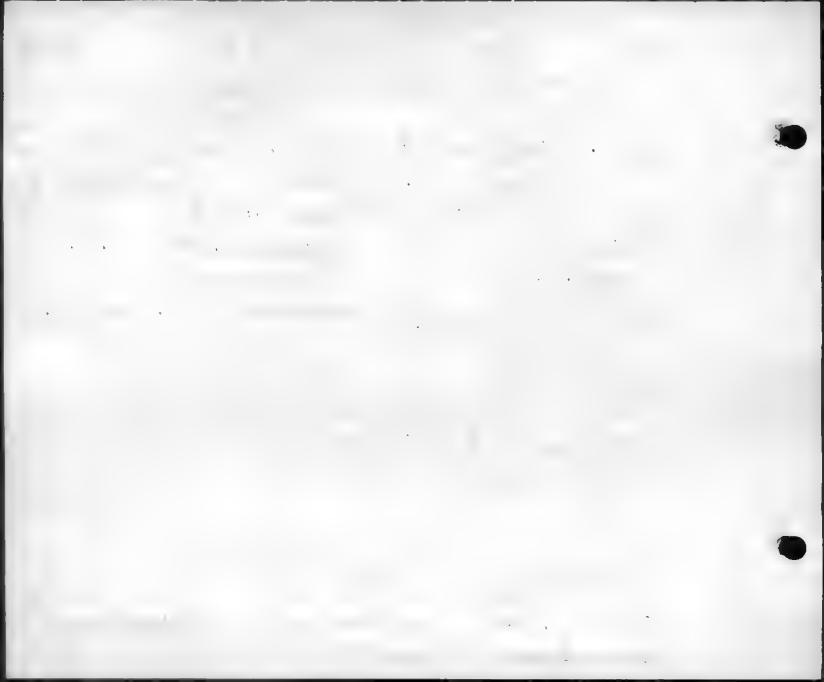
VR A15 (4)



15M 4-64



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PR	ESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CATE OF DEATH
e. COUNTY Q / LE	ESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY County
b CITY OR TOWN (If outside corporate limits C LENGTH OF STAY IN 1h C CITY OR 1	Maryland Baltimone TOWN (If outside corporate limits, write RURAL and give nearest town)
	Eastwood = /
d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street eddress) d. STREET Al	ON A FARM?
d. NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street eddress) 7013 E. Baltimore Street 21224 7013 3. NAME OF First Middle Lest	E. Baltimore Street #24 YES NO DE
GO WALL REVENSED IN	4. DATE Month Day Year
Type or print) Verna B. Stal	IDTH IO AGE OF VERENIE THINDER 1 YEAR HE HINDER 24 HRS
MARKIED NEVER MARKIED	last birthday) Months Days Hours Min.
10a USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR 11. BIRTH	LACE (State or foreign country) 12. CITIZEN OF WHAT
Retined House Hash	De Grace Maryland U.S.A.
13. FATHER'S NAME	R'S MAIDEN NAME
	ice Santnyer
マニモ たる 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
(Yes, no, or unkown) (If yes give war or dates of service) (Yes, no, or unkown) (If yes give war or dates of service) (Yes, no, or unkown) (If yes give war or dates of service) (Yes, no, or unkown) (If yes give war or dates of service) (Yes, no, or unkown) (If yes give war or dates of service) (Yes, no, or unkown) (If yes give war or dates of service) (Yes, no, or unkown) (If yes give war or dates of service)	Barzal 7013 E. Baltimone St.
18. CAUSE DF DEATH [Enter only one cause payline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a)	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO	
Conditions, if eny, which (b)	
gave rise to immediate (
cause (a), stating the (DUE TO underlying cause last.) (c).	RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
e e pa	PERFORMED?
TOTAL STEENAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter 1) 20b, DESCRIBE HOW INJURY OCCURRED. (Enter 1) 20b, DESCRIBE HOW INJURY OCCURRED.	YES NO nature of Injury In Part I or Part II of Item 18.)
To the part of the	
	(Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY Hour a.m. Hour a.m. p.m. 19 et work at work	
21. I certify that I took charge of the remains described above, held an Autopsy	y 🔲 , inspection 🔲 , Inquiry 🔲 , and in my opinion
	Homicide, Undetermined manner
MATTER OF THE PROPERTY OF THE	MEDICAL EXAMINER
E O L O L O L DEFUI	Y MEDICAL EXAMINER []
EXAMINER'S MD AVIS MD - 6800 M O HOME 23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATO 23a. BURIAL CREMATION, 23b. DATE THEREOF	skittlee (they haven, or country N A AMC-21) >
REMOVAL (Specify)	RY 23d. LOCATION (City, town or county) (Stete)
Burial 1-18-66 Loudon Park Cement	Baltimore Maryland
1 120 (//) 14	DAIAN 20 1966 1994 1994
3500 4-64 Charles 15, 5200 0227 (do.2000 11/2-11/24)	DATE



-	*	Ш		
_	FOR	C	CAT	É
11	run	-3. PRI	I A I	E.
- H	EAL	H.	UE	YI

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute and certificate, writing the word "pending" in pendil in Item 18. Che pages 1, 2, and 3 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your fles. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1)	111448 MEDICAL EXA	AMINER'S	CERTIFICATE	OF DEATH	82010
/ 1.	PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceased lived, If institution:	Residence before admission)
	Baltimore	MARYLAND	a. STATE Mary	land b. COUNTY	altimore
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	TH OF STAY IN 16	c. CITY OR TOWN (If DE	itside corporete limits, write RURA	
			Balt	imore	- 1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Plant Dispensary		1635 Bro	wns Koad 21	ON A FARM?
3.	NAME OF First	Middle		4. DATE Month	Dey Yeer
	(Type or print) Emerson	E. S	tansbury	DEATH 1	28 19 66
5.		ER MARRIED 3	B. DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
	Tale White WIDOWED	DIVORCED [2-1-07	58 yrs.	Deys Hours Min.
10 du	e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF B ring most of working life, even if retired) INDUSTRY	USINESS OR	11. BIRTHPLACE (Stef	te or foreign country) 12. C	ITIZEN OF WHAT
	Repairman Steel	Making	Baltimore		I.S.A.
13	B. FATHER'S NAME		14. MÖTHER'S MAIDEN	NAME	
	Edward Stansbury	F		Estella Campbell	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIALS (es, no, or unknown) (If yes give war or dates of service) 216-10	ECURITY NO. 17.	INFORMANT	Address	
	1/o 216-10	1-5T2\ 77	rs eleanor St	tansbury 1635 Brow	ms Road 21
	18. CAUSE OF DEATH [Enter only one cause per line for (a)), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)Coron	ary Ocel	usion		GNSET AND DEATH
	4701				
	Conditions, it ally, which [/h)	.V.Disea	.se		
	geve rise to immediate (cause (a), stating the DUE TO				
	underlying cause lest. (c)				
NO.	PARTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELAT	TED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
্র					YES ND
MEDICAL CERTIFICATION	PRIMARY TO OF CONTRIBUTING T	HOW INJURY OCCUI	RRED. (Enter nature of Ir	jury in Part I or Part II of Item 11	3.)
100		MILES ISS. D. S.	or Ar muliny diame (n, 20f. (City or town) (Co	unty) (State)
120	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC Hour a.m. While Not	(Eator	CE OF INJURY (Home, farm ry, street, office bldg., etc.) (GIT) OF TOWN) (GO	unty) (State)
2	p.m. 19 at work at v	work			
П	21. I certify that I took charge of the remains des	cribed above, held	d an Autopsy 🔲,	Inspection $oximes_{\!$	and in my opinion
	death resulted from: Natural causes 🔀, Acc	sident 🔲, 🛮 Suic	cide, Homicide		
	ACTUAL MASS ATTENTION		CHIEF MEDICAL E	- Carrier Control of the Control of	22. DATE SIGNED
	SIGNATURE		_M.D. ASSISTANT MEDIC	_	22, DAIL SIGNED
	EXAMINER'S Melvin B. Davis, M.D.	. 6800 M	orn address (Street,	Rich town, or county, 22	1-28-66
23	DESCRIPTION OF THE PROPERTY OF	NAME OF CEMETERY		23d. LOCATION (City, town or co	ounty) (State)
-		c Lawn Ceme	/ 0/1	Baltimore Co.	lid.
		DDRESS		BY REGISTRAR 25b. REGISTRAR	
1	GORG low French Dome 74	101 Below	R. DAFEEB	8. 1966 Plant	les Judge



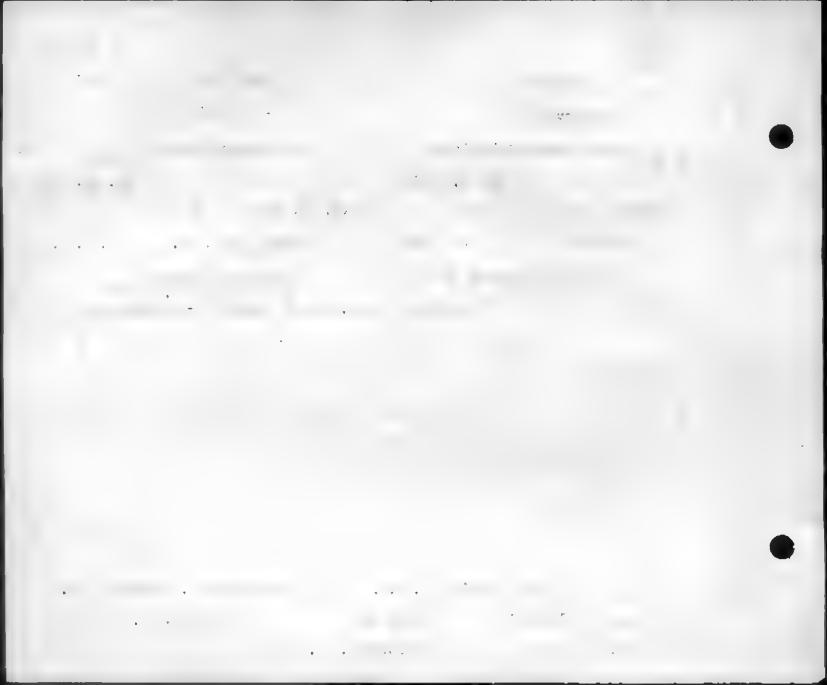
84 24 hours after death.

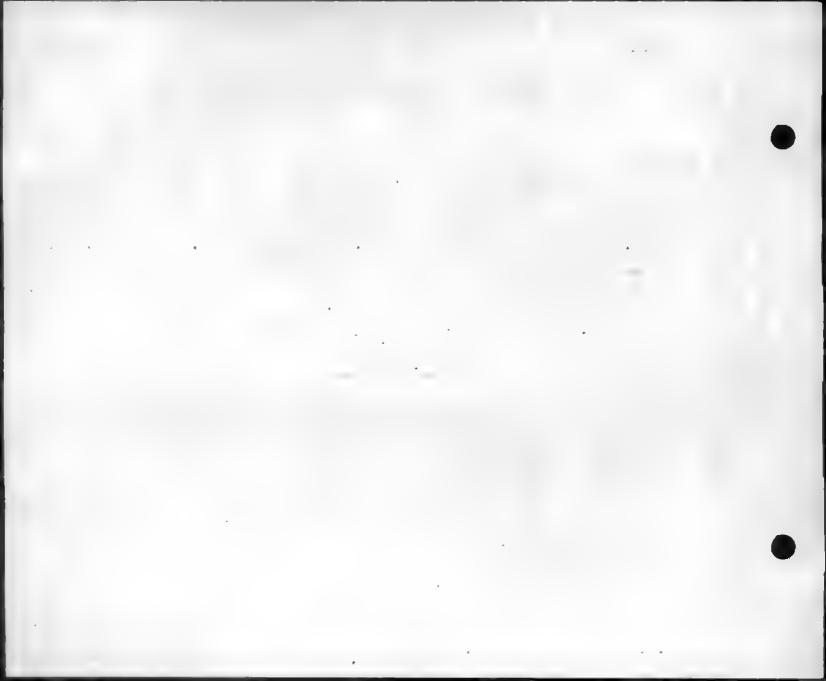
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and carbon papers. Pages 1 and 2 director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

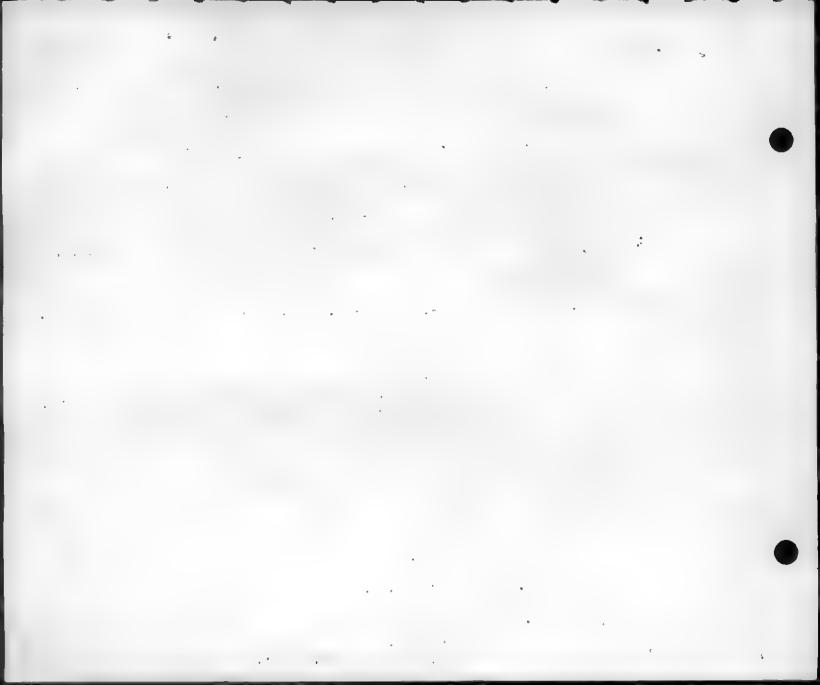
MARYLAND STATE DEPARTMENT OF HEALTH OU449 CERTIFICATE OF DEATH

1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore	a. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Catonsville	Catonsville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Shady Nook Nurs ing Home	19 Glenwood Avenue YES ND X
3. NAME DF First Middle DECEASED (Type or print) Mayor C. State	Last 4. DATE Month Day Year DF DEATH Top 10.66
THIY C. DUELL	P DATE DE BIRTH I Q ACE (In vegre FINDER 1 YEAR) FINDER 24 HRS
7. MARKIED NEVER WARRIED	Oct. 20, 1872 last birthday) Months Days Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done 10b, KIND DE BUSINESS DR	1 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	CDUNTRY?
Housewife Own Home	Baltimore City, Md. U.S.A.
Frank Christian Geise	Franciska Schnengel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Catonsville, Md Address 21228
(Yes, no, or unkown) (If yes give war or dates of service) No 220-46-1593 Mrs	Joseph Minske 19 Clenwood Avenue
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	DNSET AND DEATH
IMMEDIATE CAUSE (a)	faller Joyo:
1500 DUE TD 1	
Conditions, if any, which (b) (trussel	eway leshow
gave rise to immediate (cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTDPSY PERFORMED?
(CA)	YES T ND N
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of injury in Part 1 or Part II of Item 18.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANT OF THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE DF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)
	7/23 1965 to 1/10 19 C.C that (I) (we) last
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on 1/0 1906, and that	t death occurred at 2 M, from the causes and on the date stated above.
222. SIGNATURE	ATTENDING MED STATE
22c. PHYSICIAN'S M.I	D. PHYS. DIRECTOR PHYS. 1/1/6
NAME (Type)	
Cliff Ratliff Jr. M.D.	4605 Edmondson Ave. Baltimore, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 1/13/1966 Loudon Parl	
Easton Functal Home Catonsville	a, Md. DATEAN 13 1966 y corres Juige





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 PLACE OF GEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY filled in by the fu papers. Pages 1 a nin 72 hours after n BALTIMORE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
FORT HOWARD c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours 3 DAYS GLEN BURNTE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) within 72 d. STREET ADORESS e. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 110 FORREST STREET NO X iciam and completely carbon 3. NAME OF First elhhlM Last 4. DATE Month 1966 DECEASEO remove carb (Type or print) MAX ALFONSE STERNAT **OEATH** JANUARY 19 65 5. SEX 6. COLOR OR RACE OATE OF BIRTH 7. MARRIEO TA NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. Jast birthday) Months 9/7 **Davs** Hours MALE **VICE MAD** MIDOWED DIVORCEO PAG and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or fereign country) 12. CITIZEN OF WHAT ease INDUSTRY COUNTRY? nding physic Then plea removal, ar MAINTENANCE MAN 13. FATHER'S NAME BALTIMORE, MARYLAND VENDING MACHINE U.S.A 14. MOTHER'S MAIDEN NAME AUGUST STERNAT AMELIA GARDNER attendi 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Ы death (Yes, no, or unkown) (If yes give war or dates of service) YES WW 216-07-5481 cremation, CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] n signed by the burial-transit INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: LOBAR PNEUMONTA IMMEDIATE CAUSE (a) RECENT burial, 245450 Conditions, If eny, which PULMONARY EDEMA (b) RECENT been gave rise to immediate as the prior to **OUE TO** CARCINOMA OF PROSTATE WITH PROSTATIC ABSCESS (a), stating the underlying cause last. THETHERATION OF RECTUM UNKNOWN CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) r this certificate hatached for use te Dept. of Health WAS AUTOPSY PERFORMEO? PYELONEPHRITTS YES X NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State [After b. factory, street, office bldg., etc.) Hour a.m. - Not While p.m. at work at work 21. I certify that the this hospital) attended the deceased from DIRECTOR: age 3 should led with the 66 19 . that x() (we) last 66 and that death occurred aB: OOAMI from the causes and on the date stated above. saw the decased alive on. 22a. SIGNATURE 22b. OATE SIGNEO 8 8 8 TO FUNERAL DIRE director, page 3 should be filed w ATTENDING MEO. STAFF PHYS. 66 M.O. PHYS. DIRECTOR HOSPITAL 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) VEDANTHAM SRINIVASAN, M. D. FORT HOWARD, MARYLAND Page 234. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Jan.7,1966 BURIAL BALTIMORE BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR ADORESS Gonce Funeral REC'O BY REGISTRAR HOME 25b. REGISTRAR'S SIGNATURE George VR A15 (4) DATE 1+ Highway 20M 1/65



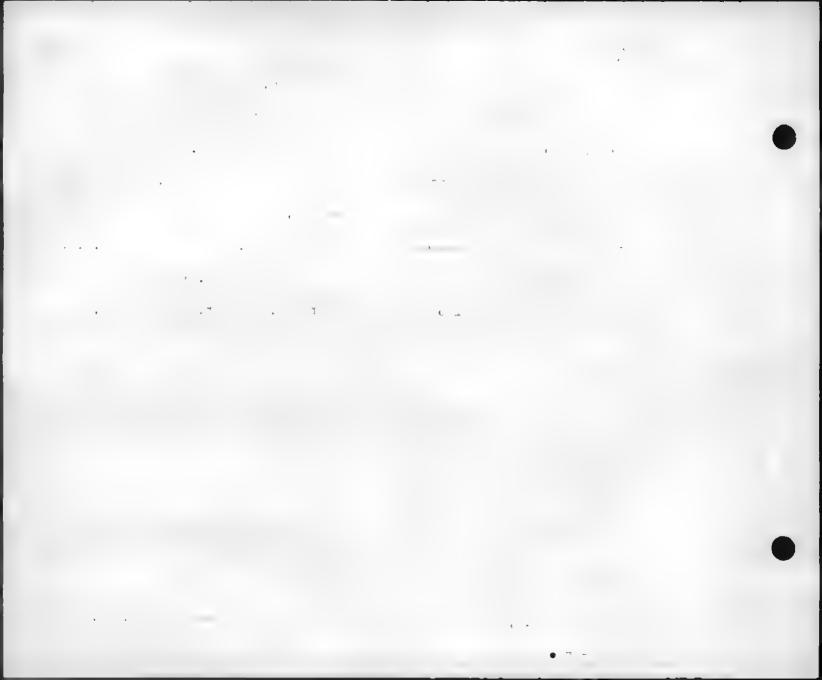
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00452		CERTIFIC	ATE OF DE	ATH		()	(1144	
		timore	MARYLAN	o. STATE	Md.		Y Baltin	nore	
	b CITY OR TOWN (If outs) write RURAL and give	de corporate imits, reorest town l'ows or	NOT KNOW	(OWN (If outs Tows	side corporate limits, write RURA SON	It and give near	est town)	
		INSTITUTION (If not in hor valesant Ho	ospitol, give street address) Dime	d STREET AS		York Rd.		e IS RESIDENCE ON A FARM? # YES NO	
	NAME OF DECEASED (Type or pnnt)	George Evere	Middle ett Stew e rt	Lost		4. DATE OF Jan31, 19	66	Year 19	
S	SEX 6 CC	*	ARRIED NEVER MARRIED DOWED DIVORCED	Oct 15		9 AGE (In years lost birthdoy) 9 Yrs	Months Doys		
	JSUAL OCCL PATION (Give ing most of working life, ey		RINGUSTRY GUAR		ACE (County &	State, or foreign country)	12 CITIZEN C		
13	FATHER S NAME Joseph	Stew e rt			S MAIDEN NA Elizat	ame oeth A. Turnbu	11		
15 (Y∈	WAS DECEASED EVER IN J es, no, or unknown) (If yes NO	S ARMED FORCES? give wor or dotes of service	216 07 5596	17. INFORMANT George	A. St	Addres tewart,9904 Yo	_		
	PART I DEATH WA	DUE TO 1 gove) (b)	line for(s), (b), and (c) ar	diae -	Fail	fur E		NTERVAL BETWEEN	
ATION	PART II OTHER SIGNIFICA	ANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED	TO THE TERMINAL (DISEASE COND	DITION GIVEN IN PART 1(0)	19	P. WAS AUTOPSY PERFORMED? YES NO	
CERTIFICATION	200 ACCIDENT WAS UNDE OR CONTRIBUTING ■ CAU (IF EITHER, NOTIFY MEDICA	JSE OF DEATH	20b DESCRIBE HOW INJURY OCCUR	RED. (Enter nature a	of injury in Po	ort I or Port 11 of item 18)	·		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 19 Of work of w							(Stote)	
	21. I certify that (I) (this hospital) attended the deceased from Nov-16, 1965, to 1966, that (I) (we) last saw the deceased alive an 1966, and that death occurred at 1369 M from causes and on the date stated above.								
	220. SIGNATURE ALL PHYS DIRECTOR PHYS DIREC								
230	b. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREOF Feb.4, 196	6 Jessop Me	OR CREMATORY thodist	0	23d. LOCATION (City or Tow Cockeysvill	n) (Count	ty) (Stote)	
24	FUNERAL DIRECTOR Wm. Cook-Br	ooks Towson	n 1050 York	Rd	250. REC'D	BY REGISTRAR 25b. REG 7 1966 FCL	istrar's signation	ure	

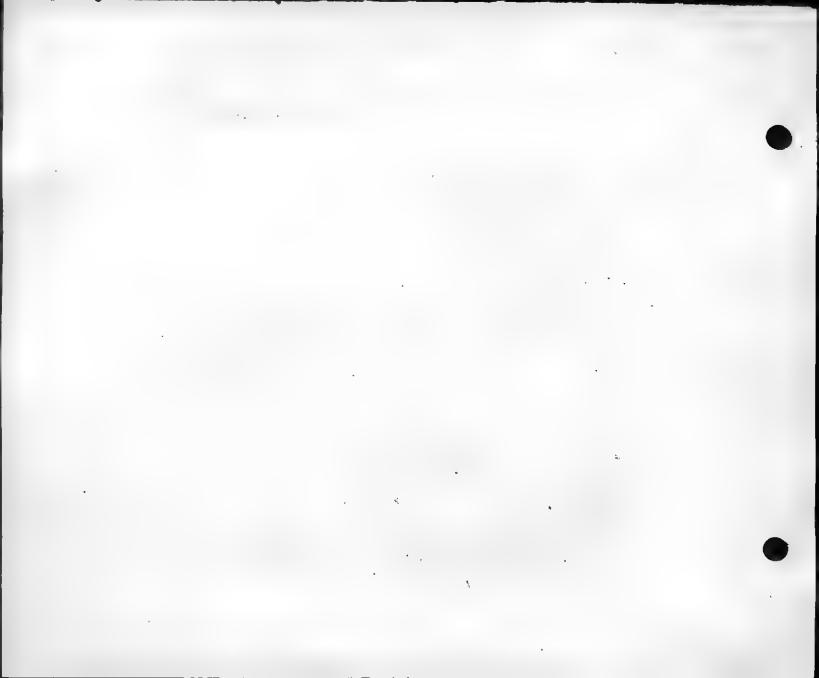
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached far use as the burnal-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dept of Health priar to burnal, cremation, ar remayal, and jri any eyent, within 72 hours after deatth:

VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH



	10	7	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	± 275		UU454 CERTIFICATE OF DEATH
	after death, the funeral ges 1 and after death		1. PLAGE DF DEATH a. GOUNTY 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission and admission admission and admission admission and admission admission admission and admission admi
	ter he 1		BALTIMORE MARYLAND b. COUNTY
	at to the sage		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
_	hours d in by rs. Pag		FORT HOWARD 206 DAYS BATTITMORE
	24 h filled appers n 72	2	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENT ON A FARM?
	n 2 y fill pal	1	VETERANS ADMINISTRATION HOSPITAL 1349 RAMSEY STREET YES NOT
	executed within 24 hours after and completely filled in by the 1 remove carbon papers. Pages 1 n any event, within 72 hours after		3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED
	d w mpt car ent,		(Type or print) LONNIE EARL STOTTLEMIRE DEATH JANUARY 20 19 66
	ove vev		5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HI last birthday) Months Days Hours Min
	sician and ease remo and in any		MALE WHITE WIDOWED DIVORCED OCTOBER 29, 1925 40
			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?
	te l ysic ysic plea plea		ELECTRICIAN MARION COUNTY, W. VA. U.S.A.
	fica g ph en l oval		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	di ji		THOMAS STOTTLEMERE ETHEL HARR
	ath ce attendir m, or re		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
	e death c the atten t permit. ation, or I		YES WW-11 236 32 5645 CLIN. REC., VAH. FT. HOWARD, MD.
	> 5		18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
	at tanian.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HODGKINS DISEASE ONSE AND DEATH 2 YEARS
	ysic gre ial-		DUE TO
	pure pure		Conditions, If any, which (b)
	requir ding p been the b		cause (a), stating the DUE TO
	law requi ttending has been as the b		underlying cause last. (c)
	t: The la al or att ificate h for use Health		PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
	N: The tal or a ificate for use Health	7.	DIABETES MELLITUS YES (** NO [
	spit spit eerti		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	NG PHYSICIAN. The law requires that the by the hospital or attending physician. Ifter this certificate has been signed by be detached for use as the burial-transtate Dept. of Health prior to burial, cre		
	e et the et		ZDC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m., p.m. 19 While at work at
	35 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
	L OR ATTENDII y be retained DIRECTOR: AI age 3 should		21. I certify that (K(this hospital) attended the deceased from July 7, 1965, to Jan. 29, 1966, that K) (we) lass saw the deceased alive on Jan. 29, 1966, and that death occurred at 10 am from the causes and on the date stated above
_	Eta CE SE		
	DR be 3		ATTENDING ASED GTACE
	AL Dag		22c. PHYSICIAN'S
	SPIT 4 n 4 n d be	/	NAME (Type) MUSTAFA H. ADATEPE, M.D. VAH, Fort Howard, Maryland
	TO HOSPITAL OR Page 4 may be to FUNERAL DIRE director, page 3 should be filed by		23a. BURIAL, CREMATION, J. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 1.23d. LOCATION (City, town or county) (State)
	5 5 5 5 5 E	a	REMOVAL (Specify)
		50	DURIAL 24. FUNERAL DIRECTOR G. ADDRESS G. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4)	12	13512 Frederick Ave Date B 4 1866 / Marley Judge
	20M 1/65		1970 FREDERICK AUP. Baltimore. Mi.

BETTER BUSINESS FORMS, INC., BALTIMORE, MD. 21201



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral-director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1-and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any eyent, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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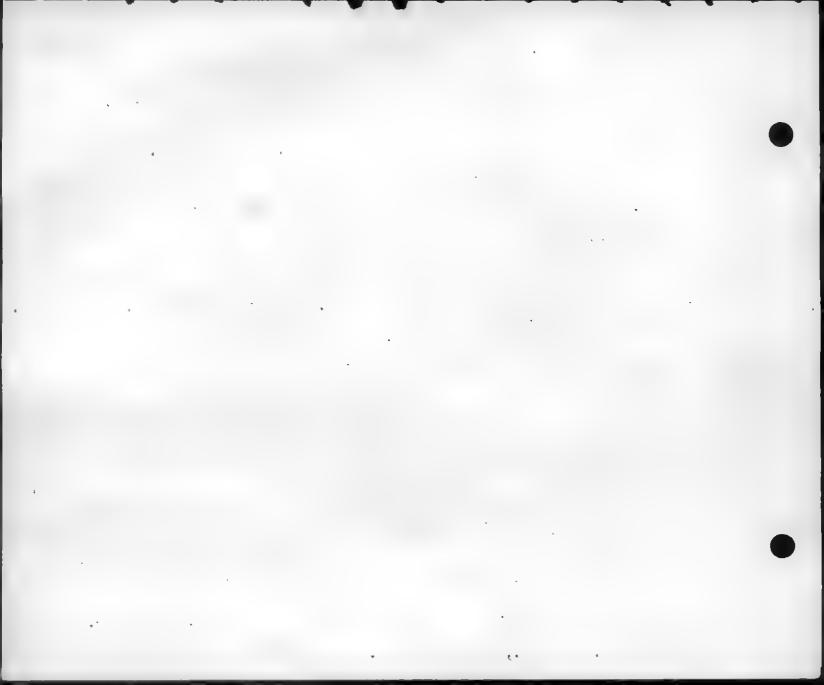
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1045

CERTIFICATE OF DEATH

PLACE OF DEATH
2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before a county)

	00455		T+ #2-	CERTIFICA	JE	OF DEATH					0044	8
1.	PLACE OF DEAT	H			7	2. USUAL RESIDENCI	E (Where				Idence before	idmission)
	Balt:	imore		MARYLANI	o	a. state Maryland			alti			
	b. CITY DR TDV write RURAL	N (if outside corpor and give nearest to	ate limits, wn)	C. LENGTH OF STAY IN	1b	C. CITY OR TOWN (If o	outside (corporate Ilm	Its, write	RURAL a	nd give neare	est town)
-	Towson	-				Towson Luth	nerv	lle		0.		
rrs.			•	spital, give street addre	\$\$)	d. STREET ADDRESS	282	Semir	13 ry	Ave.	ON A	FARM?
		nvalescent			<u>I</u> f			ake/ky			YES [ND X
3.	NAME OF DECEASED		First	Middle		Last	4. DAT		Month		/	ear
5.	SEX	Elizabeth 6. color or race		C NEWS MADDIST C	1 8.	DATE OF BIRTH = /	1	9. AGE (In		UNDER I	19 YEAR JIF UNDI	66 R 24 HRS.
	emale	White	WIDDWED				374	last biri	hday) M	onths D		
10a	. USUAL OCCUPA	TION (Give kind of wor	kdonel 10b. Ki	IND OF BUSINESS OR	·	May 24 Lat		ate, or foreign	country)	12. CF	PZENHOF WHA	<u>1</u>
dur	Housewi:	ring life, even if retir	ed) IN	DUSTRY	- 1					cey	MINAS.	
13.	FATHER'S NAM				11	14. MOTHER'S MAIDE	EN NAME					
			Mes	sick					它	vans		
15 (Y)	. WAS DECEASED	EVER IN U.S. ARMED F	ORCES? 16.	SOCIAL SECURITY NO.	i7. IN	FORMANT			Address	13444		
``	No				Mr	s. Elizabet	th La	irkin 2	82 E	. Sen	inary	Ave
Ĭ	18. CAUSE OF			ne for (a), (b), and (c).]		. "					INTERVAL 8 ONSET AND	
	PART I, D	EATH WAS CAUSED E IMMEDIATE CAUS	Y: COM	Y GESTIUE	HE	ART FA	120	ICF			15MG	
	4 201		E TO	Acada FA.m		4500	> 10	N T	_			
	Conditions, if gave rise to		(b) 110101	CLOSCA FROM	76	HEART	0/3	FASE				
	cause (a), s	tating the DU	E TO									
ž	underlying cau		(c)	TING TO DEATH BUT NOT F	FLATE	D TO THE TERMINAL DI	ISFASEC	ONDITIONG	VENINPA	RT 1(a)	119. WAS A	UTOPSY
Ĭ,	TARTITION IN	SIGINI IOANI OONON	IONIS GOLVINIDO	THE TOPLETIE DOT HOT	CONIL	D TO THE TERMINACED	ISTAGE 0	Official (Culdi	TENTINEA	111 4(0)		RMED?
1111	20a, ACCIDENT	WAS UNDERLYING	7 20b. C	ESCRIBE HOW INJURY O	CCURR	RED. (Enter nature of	injury in	Part I or Pa	art II of I	tem 18.)	I ES	No [2]
CER	OR CONTRIBUT (IF EITHER, NO	ING CAUSE OF DE	ATH INER)									
CAL		INJURY Month, Day	4	NJURY OCCURRED 20e.	PLACE	DF INJURY (Home, far	m, 20f	. (City or to	own)	(Coun	ty)	(State)
VED.	Hour a.	m. m. 19	While at work	- NOT WHITE -	actory,	street, office bldg., et	C.J					
2				ed the deceased from	10	//5 19	64.	0 1/3	30	196	6 that (1)	(last
	saw the de	ceased alive on	1/22	1966, and	that d	leath occurred at 3			auses an			
	22a. SIGNATU	RE (111)	wish:			ATTENDING POR	IED.	STAFI	1 -	22b. DAT	E SIGNED	_
	- Suveior	C. July	000 47		M.D.	PHYS.	IRECTOR			<u>~ / ,</u>	1/6	
	22c. PHYSICI NAME (T	ype)T-C. S	IWINS	KI_		206 W.	PEK	NA.A	VE "	1000	ton 1	10
23a	BURIAL, CREM		THEREOF	23c. NAME OF CEMET	ERY O	R CREMATORY	23d.	LOCATION (City, town	n or coun	ty) (5	State)
F	Burial	2/2/1	966	Moreland C	eme	tery	Ba	ltimor GISTRAR 2	e Co	Md		
24	. FUNERAL DIR	ECTOR		ADDRESS		25a. REC	'D BY RE		Sb. REGI	ISTRAR'S	SIGNATURE	
Le	onard J.	Ruck Inc.	5305	Harford Rd.		DATE B	3	1966	11	-	u u	

VR AI5 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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HE	ALT	Ή	DEF	Ţ		ì.	PLACE	OF	DEA	TH	

y delay is

This certificate should be executed within 24 haurs after death If

in pencil in Item 18 Give

Th 2, and 3 to

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00148

- 3													
	O. COUNTY Baltimore		MARYLA	ыD	2. USUAL RESIDENCE (V o STATE	Where deceosed lived	b. COUNTY	timore					
	b CITY OR TOWN (If outside corporate limits	1	c LENGTH OF STAY IN 1		c CITY OR TOWN (F ou								
	b (ITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Dundalk		9 yrs.		Dundalk	THE CO-POSITO HITTI	, mile Rouxe on a gri	o motor formy					
	d NAME OF HOSPITAL OR INSTITUTION (If not	in hospita, give	ve street address)		d STREET ADDRESS		e S RESIDENCE						
	1942 Cedar Lane		21222		2001 Wareham Road 21222 ON A FAF								
	3. NAME OF First		Middle		Lost	4. DATE	Month	Doy Year					
	DECEASED (Type or print)	mes	Gorman		Streeks	DEATH	19 66						
	S SEX 6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	В	DATE OF BIRTH	9 AGE (In years IF UNDER						
	Male White	WIDOWED	D VORCED	7	Dec. 12-19	912 53	In years IF UNDER irthdoy) Months	Days Hours M n					
	10o USUAL OCCLPAT ON (Give kind of werk done	05 KIND	OF BUSINESS OR		11 B RTHPLACE (State		12 (1	TIZEN OF WHAT					
	during most of working life, even if retired) Parts Dept. Th	NDU!	Motors Inc	n .	Maryla	nd	CC	UNTRY?					
	13. FATHER'S NAME	moschibon	THE GIODOLT	-	14 MOTHER 5 MAIDEN 1			0+0+A+					
	Arthur Stree	ks		Ì		cetta Bow	en						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (if yes give wor or dotes of s	16. 500	CIAL SECURITY NO.	17. II	FORMANT		Address						
	(/f yes give wor or dotes of s	ervice) 212-	-03-2565	Wif	e, Mrs. Fri	ieda L. S	treeks. #	2.a.b.c.d.					
	18. CAUSE OF DEATH (Enter only one couse		7		//	,		INTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) ONSET AND DEATH ONSET AND DEATH											
	4201 DUE TO			1									
	Conditions, if any, which gave			V									
	rise to immediate couse (o),				_								
	stating the underlying cause last.												
	PART II OTHER S GNIFICANT CONDITIONS CON		DEATH BUT NOT RELATE	HE TERMINAL DISEASE CON	ID T ON GIVEN IN PA	RT 1(o)	9 WAS AUTOPSY						
	200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF DEATH				The second secon	>		PERFORMED?					
	200 EXTERNAL CAUSE WAS	20b DESCR	BE HOW INJURY OCCL	RIKHO 7	Later nethre of in uny n	Port Lor Part Lof 1	em 1B)						
			/V 1	ľ									
	20c TIME OF IN. JRY Month, Doy, Year Hour o.m	20d INJU			E OF INJURY (Home, form		or town) (Co	unty) (State)					
	Hour o.m	of work E	Not While of work	focto	ry, street, office bldg , etc.)								
	21. I certify that I taok charge			/e. hel	d an Autabsv 🗍	Inspection 🔀	nquiry xxx	ond in my opinian					
	,	causes tot		Suigi			mined manner						
	man	>		27	CHIEF MEDICAL	EXAMINER							
	ACTUAL SIGNATURE	Dav	V 11	14	_111.0.	ICAL EXAMINER		19642. DATE SIGNED					
`	EXAMINER'S Melv	in B. I	Davis M	.D.	DEP TY MEDICA	L EXAMINER TO COL	Rd. Dunda	lk, Md. 21222					
	230 BUR AL, CREMATION, 236 DATE THER	3	23c. NAME OF CEMETER	RY OR C	REMATORY	23d LOCATION	(City or Town)	(County) (State)					
	Jan. 15	-1966	Gardens of	f Fa	ith Tr	rumps Mil	l Rd. Balt	o. Md.					
77	24 FUNERAL DIRECTOR		ADDRESS			BY REGISTRAR	25b REGISTRAR S S	IGNATURE					
1	JOHN J. DUDA 7922 Wis	se Ave.	Dundalk,	Md_{\bullet}	21222 DATAN	13 1966	1 of worl	En Juda.					

VR A15ME (5) 6M 1/66

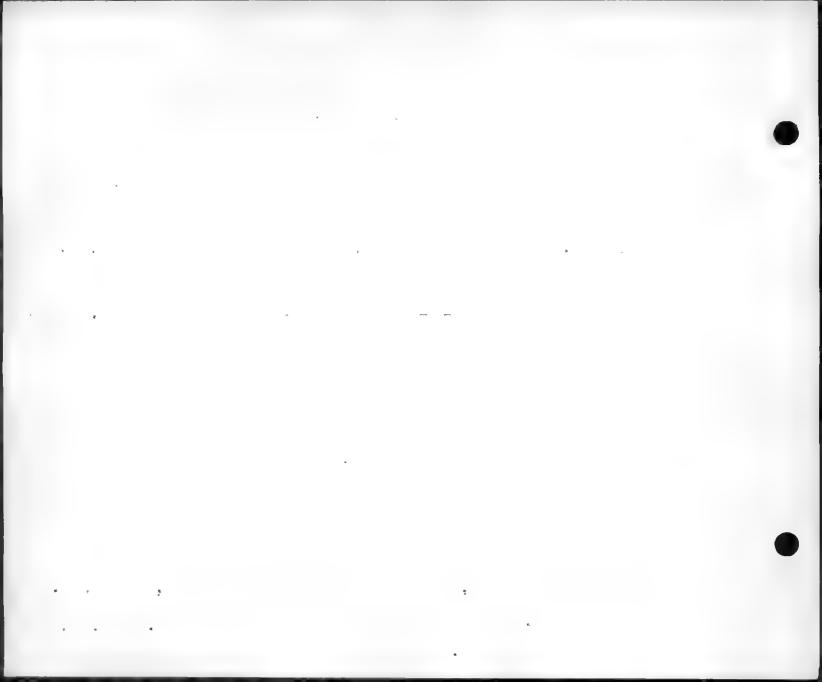
5 moy be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Department of Health or its des gnoted agent, prior to buriol, cremation, or removal, and in any event within 72 hours ofter death

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along

necessory, please execute the certificate, writing the word "pending"

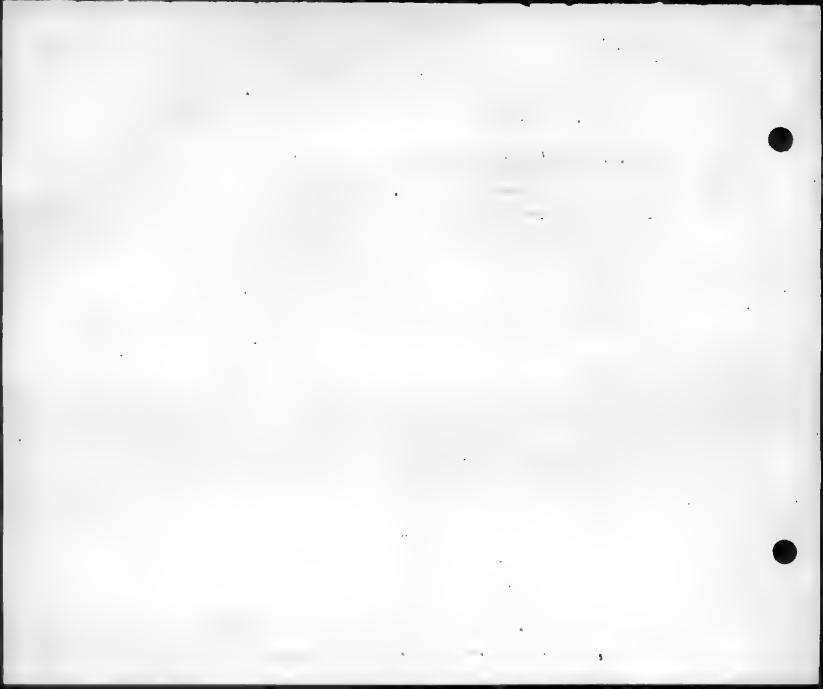
TO DEPUTY MEDICAL EXAMINER:



4 TO NORFITAL OR ATTENDING FRYEIGHAN THe law mignifes that the death martificate be executed mithin 24 Bours after death.

Page 4 may be retained by the hospital or attending physician.

•	1.		DIVICIO	N OF PTATIFFICAL	MARYLA	ND STATE DI	PARTMENT O	F HEALTH	DA1 - 1110 D - 4	
-	_ (/)		00457	N OF STATISTICAL		CERTIFICAT			BALIIMURE 1, I	MARYLAND ()(),",1()
dilatr	and	1.	PLACE OF DEATH	I I	tems #R	,9,10,12,1	2. USUAL RESIDE	CE (Where decease		Residence before admission)
ter	s 1 s		ž.	Baltimore		MARYLAND	a. STATE	d.	b. CDUNTY	altimore.
50	Dage rs at		b. CITY DR TDWI Write RURAL	N (if outside corporate lin and give nearest town)	nits, c. L	ENGTH OF STAY IN 16	c. CITY DR TOWN (If outside corpora	ite limits, write RURA	L and give nearest town)
Ours	f in Ss. F	_	Rural-(Catonsuille PITAL DR INSTITUTION (IF	not in hoenite	l give street address	Baltin d. STREET ADDRESS	nore		e, is residence
24	filled age of 172					1		004	25	ON A FARM?
E E	completely filled in by the five merbon papers. Pages 1 event, within 72 hours after	3.	NAME DE	oseph's Nur First	sing E	Middle Middle	Last Last	4. DATE	Montfort Month	Day Year
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cute	CC:		SEX [ale	11735 ± 4 =		EVER MARRIED	8. BATE OF BIRTH	9. A0		TYEAR IF UNDER 24 HRS.
Xe	n and remin in any				IDDWED T	DIVDROED F Business Dr	Sept. 7	878 - 87	yrs.	ITIZEN OF WHAT
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	nding ph Therr removal		ur				Cather	ine		
=======================================	호프로	15 (Yo	. WAS DECEASED E s, no, or unkown)	VER IN U.S. ARMED FORCES (If yes give war or dates of servi	? 16. SDC1/ ce)	L SECURITY ND. 17.	INFORMANT	V	Address	
dea	he a pen tion,	-	18 CAUSE DE I	DEATH [Enter only one cau	on nor line to	r (n) (h) and (n) 1		7		INTERVAL OFFICEN
the	i by the at ramsit pewn cremation,			ATH WAS CAUSED BY:	A -	5 0 10) will	In I'm!	Line	INTERVAL BETWEEN DNSET AND DEATH
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law Itten	has as prio	910	underlying cause PART II, DTHER S	e last. (c) _ IGNIFICANT CONDITIONS C	DNTRIBUTING	TO DEATH BUT NOT REI	ATED TO THE TERMINAL	DISFASE CONDITI	DN GIVEN IN PART I/a)	119. WAS AUTOPSY
0	ficate or use Health	CATI						2102102 02112111	211 (1121111111111111111111111111111111	PERFORMED?
IC LAN hospital	ed for	CERTIFICATION	20a. ACCIDENT OR CONTRIBUTION	WAS UNDERLYING [] NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY DCC	URRED. (Enter nature i	of Injury in Part I	or Part II of Item 18	
유	his crach Dept.	CAL C		NJURY Month, Day, Year	20d. INJURY	DCCURRED 120e. PL	ACE DF INJURY (Home,	farm, 20f. (City	or town) (Co	unty) (State)
등 한국	fter t be de state	MEDIC	Hour a.m	l.	While N	ot While fact	ory, street, office bldg.,	etc.)	/	
ATTERNI retained	R: A			that (1) (this hospital)	attended the	/ /	D (20 d)	19 <i>5</i> %, to	/ 7 2 , 19_	that (I) (we) last
ATT! reta	S showith		saw the dec	eased alive on	/ / - 2	19 de and the	it death occurred at:	M, from		the date stated above.
y be	DIR			mese 2	. (owen	D. PHYS.		STAFF PHYS.	13/66
4 may	FUNERAL irector, pa iould be fil		22c. PHYSICIAL NAME (Ty			E. Rou	22d. ADDRESS	9 TON	: 1/1-12	MO
Page	direct should	23a	. BURIAL, CREMA REMDVAL (Spe	ATION, 23b. DATE THERE		NAME OF CEMETER		23d, LDCAT	IDN (City, town or co	unty) (State)
	- S. W.		Burial	1/17/66	Но	ly Redeel		The state of the s	more. Mai	ruland
3.70	215 (4)		Iohn A		- 3000	ADDRESS DE. Balt	imore	C'D BY REGISTRA	ir 25b. REGISTRAR	S SIGNATURE
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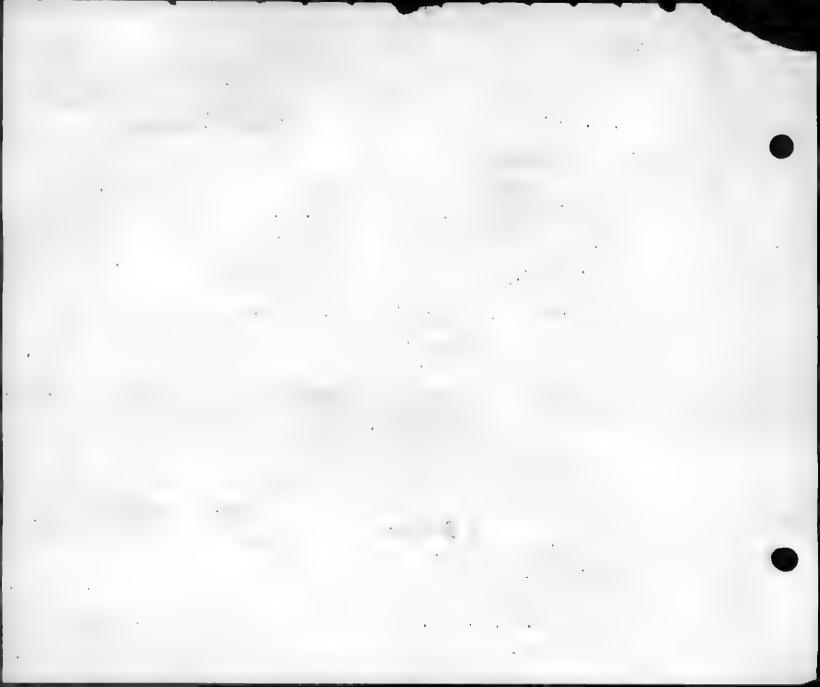


TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then press, emove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, each any event, within 72 hours after death. TO HOSTITAL OR NITERING PRYNICIAN: The Live requires that the death certificate be executed within 24 hours after leath. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

_	<u> </u>			CERTIFIC	ATI	E OF DEATH	l			00250
1	a. COUNTY	Baltimore		MARYLA	IND		E (Where deceased	sed lived, If Instit		lence hefore admission
	WILLE KOKE	VN (if outside corpora L and give nearest to tonsville	ate limits, wn)	C. LENGTH OF STAY I		c. CITY OR TOWN (IF	outside corpor	LaPlate		Who hearest town
	d. NAME OF HO	SPITAL OR INSTITUTI	ON (If not in hos	spital, give street add	ress)	d. STREET ADDRESS	TITTE	LUI AUXI	۷	8. IS RESIDENCE
		leside Aven								YES NO
3	. NAME OF DECEASED (Type or print)	A4 +	irst	Middle	C4.	ubbs	4. DATE DF DEATH	Month		Day Year
	Female	6. COLOR OR RACE		NEVER MARRIED	3	Sept. 12, 180	9. A	GE (In years Iffast birthday)	LINDER LYE	EAR IF UNDER 24 HR
16 dt	Da. USUAL OCCUPA uring most of work	TION (Give kind of wor) king life, even if retire	donel 10b. KIN	ID OF BUSINESS OR BUSINESS OR HOME	<u> </u>	11. BIRTHPLACE (Co		foreign country)	12. CITIZ COUN	EN OF WHAT
1	3. FATHER'S NAM			WE HOME		14. MOTHER'S MAID	EN NAME			
١,	E WAS STATISTED	Joseph Smi				Molly 1	Altman			
	(es, no, or unkown)	EVER IN U.S. ARMED FO (If yes give war or dates Vone	of service) 216	- 07-8538	F	INFORMANT amily Recond	ds,	Address		
		DEATH [Enter only or EATH WAS CAUSED BY		e for (a), (b) and (c).	1 4	Fost For	Juse	AC	de 1	NTERVAL BETWEEN ONSET AND DEATH
	020	IMMEDIATE CAUSE	(a)	9217/42	- []	5	1/7/2	// 1	1/2	244
	Conditions, if gave rise to	any, which }	(b)	4 61	VCA	4'2				
	cause (a), s underlying caus	tating the DUE	(c)	mchlosi	5	Palmond	ry F	dr Ad	Vacns	54r
CERTIFICATION	PART II. OTHER:	SIGNIFICANT CONDITI	ONSCONTRIBUT	INGTO DEATH BUT NO	TRELAT	TED TOTHE TERMINAL D	ISEASE CONDIT	TION GIVEN IN PA	RT 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATIFY MEDICAL EXAMI	TH 20b. DE	SCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	Injury in Part	or Part of	tem 18.)	
MEDICAL	20c. TIME OF Hour a.i		Year 20d. INJ While at work	Not While at work	factor	E OF INJURY (Home, far y, street, office bldg., et	rm, 20f. (Cit	ty or town)	(Courlty)	(State)
	21. I certif	fy that (I) (this hos	pital) attended	the degreesed from	n	death occurred	D M from	the chuses an	2/95 C	that (I) (we) last
L	22a. SIGNATU	11416	Mul	of no) _{M.D.}	ATTENDING -	MED.			SIGNED 1
_	22c. PHYSICIA NAME (T)	ype) // [= ME	Grath 1	20	22d. ADDRESS F	radence	k red	21	d de m
	BURIAL, CREN BURIAL, CREN BURIAL Spi	ecity) Jan. 2	THEREOF 1966	St. Stephe	etery	OR CREMATORY (emetery	Mille	rsville,	or county)	land
2	4. FUNERAL DIRE John Be		Towson,	Maryland		25a. REC	'D BY REGISTR 1966	AR 250 REG	STRAR'S SI	GNATURE

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20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND OR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DFB. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before b. COUNTY Maryland Baltimore Baltimore MARYLAND Department after death. b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)

Baltimore-rural ie funera c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b Baltimore-rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 607 Charles St. Ave. State hours 607 Charles St. Ave. NO T эпа NAME OF Middle Last DATE Month Yeer DECEASED 6 19 66 (Type or print) DEATH Sweeny Kane Flizabeth be executed within 24 hours after death. If a "pending" in pencil in Item 18. Give Pages 1, Medical Examiner's Office along with form. 6. COLOR OR RACE | 7. MARRIED AGE (In yasra | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iast birthdey) | Months | Days | Hours | Min. DATE OF BIRTH 9. NEVER MARRIED March 24 ,1909 female White WINDOWS OR DOE NOT NOT THE TOTAL USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if ratired) WIDOWED 😿 DIVORCED 6 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Four D. MOTHER'S MAIDEN NAME U.S.A Railway Supplies Self-Employed
13. FATHER'S NAME amy pages in amy Co John L. Kame Elizabeth D. Stockwell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (() fyss give war or dates of service) Address 16. SOCIAL SECURITY NO. 17. INFORMANT No 216-32-9580 Mrs. Betsv Strobel Wilgin 3321 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia, right lower lobe **ONSET AND DEATH** DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the undarlying cause last. underlying cause last. | (c) | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) used as I to burial, WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the should be forwarded to the YES X NO T Fatty liver 3 should be agent, prior 20s. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 2 DESCRIBE HOW INITIRY OCCURRED. (Enter nature of injury in Part | or Part | of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Year factory, strest, office bidg., etc.) Hour a.m. While Not While et work 4 should be at work 21. I certify that I took charge of the remains described above, held an Autopsy x Inspection Inquiry and in my opinion files. FUNERAL DIRECTOR: Health or its design Undetermined manner death resulted from: Natural causes K Accident Suicide Homicide CHIEF MEDICAL EXAMINER for your Page 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER IX O DEPUTY ME DEPUTY MEDICAL EXAMINER director. **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) Ditz M.D. Address (
23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION .! 23b. 23d. LOCATION (City, town or county) DATE THEREOF 0 6 REMOVAL (Specify) Cremation Baltimore Greenmount 24. FUNERAL DIRECTOR 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Road & Sons VR ALSME (5) 1/65



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

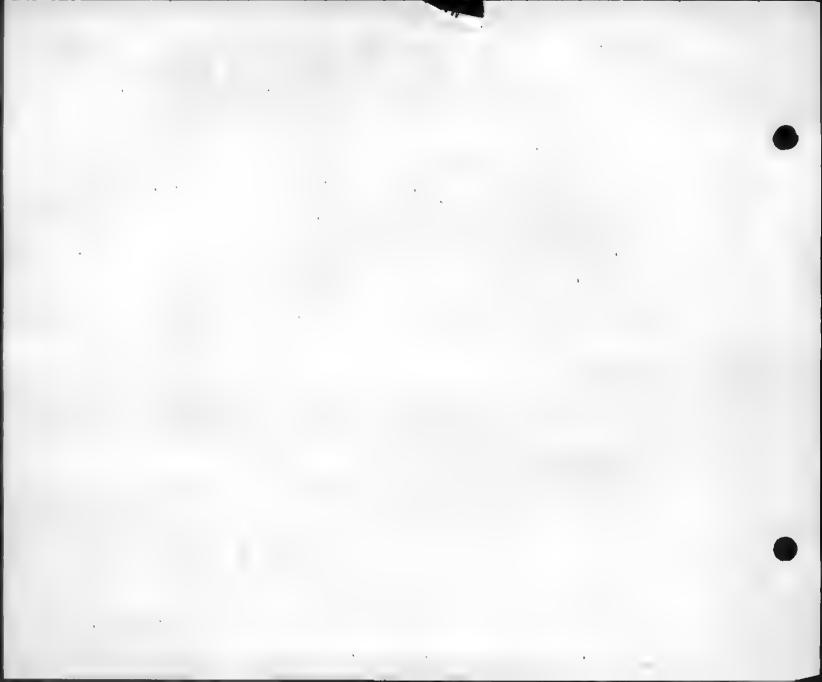
		00461	CERTIFICATE	OF DEATH		00453
		PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, if institution	Residence before admission)
		· COUNTY Baltimore	MARYLAND	o STATE /Mary	land blown	Boltimore
	Ì	b CITY OR TOWN (if outside corporate limits, weite RURAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If out	side corporate limits, write RURA	ond give nearest town)
		Towson		Towson	า	
	-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital	, give street oddress)	d STREET ADDRESS	e IS RESIDENCE ON A FARM?	
^		1107 Litchfield Roa	d	1107 Lite	chtield Road	AEZ NO 🔀
ı		NAME OF First DECEASED	Middle	Lost	4 DATE Month	Doy Year
	((Type or print) Main		ylor	DEATH Jan.	2 19 66
	3 5	1 1 .	السا ما المناه	DATE OF BIRTH	a last booth days	Months Days Hours Min
		ale white WIDOWE		lov. 17,190	70 Y15.	Late of the or what
			KIND OF BUSINESS OR INDUSTRY	m 1	& Stote, or foreign country)	12. CIT ZEN OF WHAT COUNTRY 3 / C 1
	12	Ret. Bricklayer		Indiana 14. MOTHER'S MAIDEN N		USVI
	13,	George R. Blair Tayl	or.		e Wiekel	
	15	<u> </u>		NFORMANT	Address	
	(Ye	is, no, or unknown) (If yes give wor or dotes of service)		'ma Q Tau	1	
		18 CAUSE OF DEATH (Enter only one couse per line for	or (o) (h) and (c))	ina Do Tay	ζυ/ι .	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY	A C	maritare /2	kent + mlure	ONSET AND DEATH
		4 2 2 1 IMMEDIATE CAUSE (8)	母なしりか			7
		Conditions, if any, which gove) (b)	0 1 1	arlenisa	leven	10 years
		rise to immediate couse (a), DUE TO	menergere		-	
		lost. (c)				
	*	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO 1	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
1	CERTIFICATION					YES NO C
	RTIFI	206. I 206. I 206. I 206. I	DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in I	Port I or Port II of Item 18)	
		(IF EITHER, NOTIFY MEDICAL EXAMINER)	BUBBA OCCUPATO 1 00 BIA	T OF HUMBY (H A	20f (City or town)	(County) (State)
	MEDICAL			E OF INJURY (Home, form ary, street, office bldg., etc)		(County) (State)
		p.m. 19 otw 21. I certify that (I) (this haspital) atte		1	0 / 3 +0	, 19_64 that (I) (we) last
		saw the deceased alive an	nded the deceased from	t death accurred at	7 H M. fram causes a	nd an the date stated above.
		220. SIGNATURE			/	22b. DATE SIGNED
		Deorg H. Be	the M.I	ATTENDING PHYS.	MED STAFF DIRECTOR PHYS.	1/3/66
		22c. PHYSICIAN'S NAME (Type) / FD // F	IL BECK	22d ADDRESS	Hart of RI	BAIDO WA 121
	D2	0-E-106	Too what or courteen on	7-12	1 22 100 10H (Ch. 2	777770
	230	BURIAL, CREMATION, 236 DATE THEREOF REMOVAL (Specify) 7-5-66	234. NAME OF CEMETERY OR	· .	Baltimore	' ' '
		Wical 7-5-00	Pariswood (emeteru 258. REC'D		ISTRAR'S SIGNATURE
	1		eltimore, 111d.	DATE A AL	9.7	C. Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please Terrais carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and infant event, within 72 hours after each.

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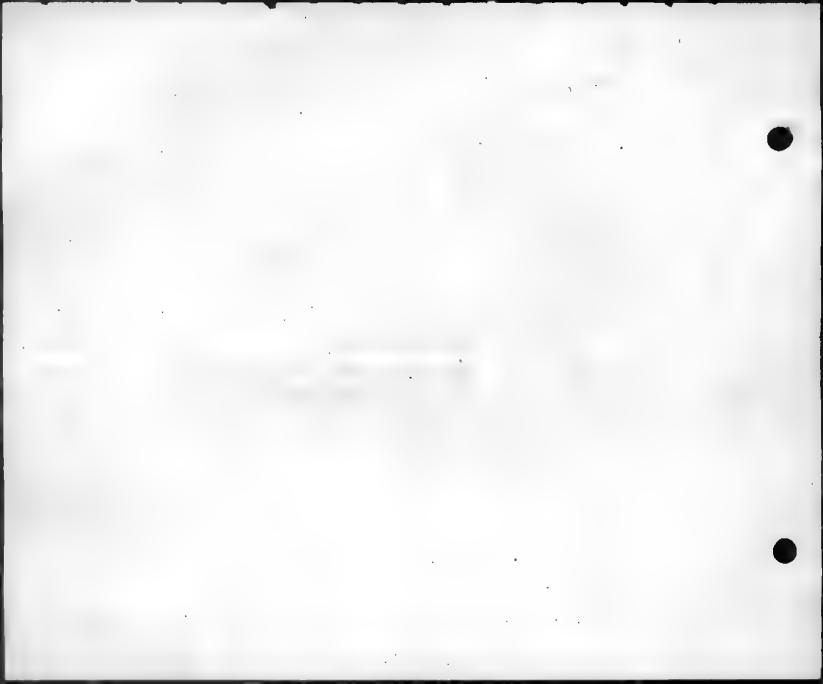


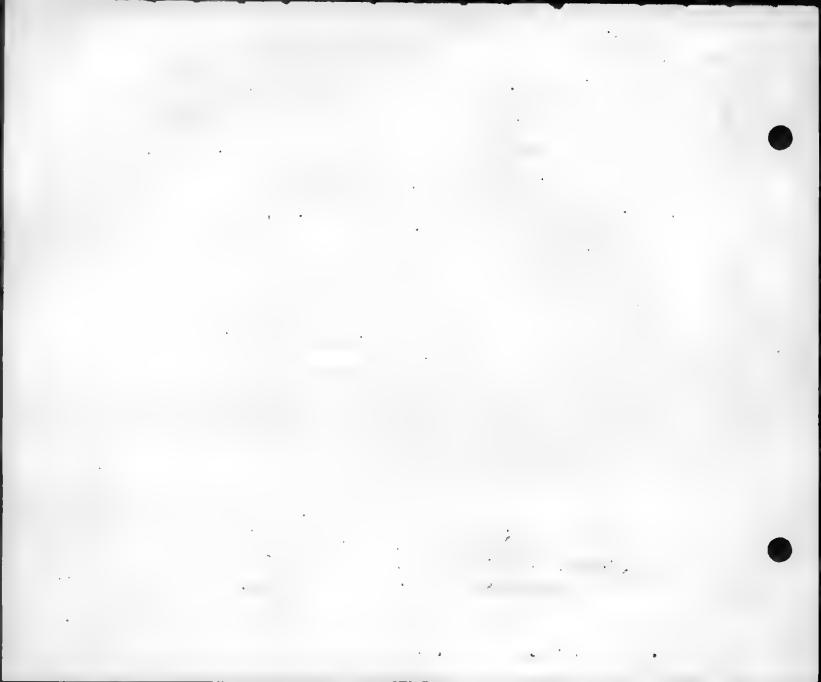
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decresed I ved. If institution, Residence helpre admission) e. COUNTY **b.** COUNTY Baltimore Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give neerest town! Baltimore-Baltimore-rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE the funeral or retained for he State Boa ON A FARM? 5799 Clearspring Rd. YES NO X St. Joseph Hospital 3. NAME OF 4. DATE Middle Yee DECEASED (Type or print) DEATH 19 Taylor John Edward 66 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. Veril W last birthday) 12-14-98 Months I Deys WIDOWED [DIVORCED male white 10a. USUAL OCCUPATION (G.ve kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Illinois M/Sgt. USA Ret. Armv 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Frederick Taylor 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress [Yes, no, or unknwn] | (If yes give wer or detes of service) Above Yes Anna V. Taylor along with 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN I-fransit and in ONSET AND DEATH PART I DEATH WAS CAUSED BY: Bronchopneumonia IMMEDIATE CAUSE (a) Office burial-f DUE TO Conditions, if eny, which gave rise to Immediate cause EQ. **DUE TO** (e), stating the underlying 98 is certificate, writing the word "pend warded to the Chief Medical Examin IRECTOR: Page 3 should be used agent, prior to burial, cremation, o PART II OTHER S. GN. FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19. WAS ALTOPSY PERFORMED? 1 NO 1 Cirrhosis of liver CERTIFICA 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. (NJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection and in my opinion ilease execute tlle certifit t should be forwarded to S FUNERAL DIRECTO or its designated agent, p death resulted from: Natural causes X Suicide Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLTY MEDICAL EXAMINER 1/28/66 EXAMINER'S Werner U. Spitz, M.D. Add NAME (Type) Address (Street, city town, or county) 226. BURIAL, CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town, or country) [State1 REMOVAL (Specify) 240 g Cremation Greenmount Baltimore Md . 23. FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 246. REGISTRAR S SIGNATURE VS. A15ME Sons Co.4905 York Rd., Balton 5M 9,60

MARYLAND STATE DEPARTMENT OF HEALTH



	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
	4 F2 4	00463 CERTIFICATE OF DEATH	0045.
	e funeral Land 2 er death.	1. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY b. COUNTY	ience before admission)
7	中 中公子	Baltimore MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL an write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	d give nearest town)
	4 hou led in pers. 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	within 24 pletely fill arbon pap	3. NAME OF First Middle Last (4. DATE Month)	YES NO Day Year
	w ale	OFF (Type or print) Thomas STILL Taylor DEATH Jaman	22 1966
	and any any	Male white WIDOWED DIVORCED 4-5-1889 last birthday) Months Da	ys Hours Min.
		during most of working life, even if retired) INDUSTRY	ZEN OF WHAT
	certificate be nding physicial Then please removal and	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
	ath certific attending print. Then by, or remova	John Taylor Juliann Martin 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Address / 3//	Janme Ros
	death ne atter permit.	212 30 1680 Hu. Margaret Brush wood	2/2/2
	the by the small	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ONSET AND DEATH
	physicial physicial signed burial-tra burial, ci	Conditions, If any, which) DUE TO (b) Leip Turis Connecte of	1 er
	ding ding been the the	cause (a), stating the DUE TO	
	CIAN. The law ospital or attencertificate has hed for use as t. of Health pric		19. WAS AUTOPSY PERFORMED?
	SICIAN: 1 hospital certific ched for pt. of He	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 30 CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ITS NO L
	PHYSI the hy r this detacl	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.)	y) (State)
	retained by tretained by to CTOR: After should be cith the State		, that (I) (we) last
	of a strength of the strength	saw the deceased alive on 19 46, and that death occurred at 2:22,M, from the causes and on the	date stated above.
	TAL OR may be KAL DIR , page of filed	flippina a. films the M.D. ATTENDING MED. DIRECTOR STAFF 1-2;	2-66
	6 4 B 5	NAMETYPE) pina A. SIIVEST VE theater Baltimore medical	Center =
	TO HOS Page TO FUNI	23a. BURIAL, DREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Lown or county, REMOVAL (Specify), 25 /A N' 66 // CCC/2 W/1 Cem. 23d. LOCATION (City, Lown or county, REMOVAL (Specify), 25 /A N' 66 // CCC/2 W/1 Cem.	(State)
	VR A15 (4)	24 FUNERAL-DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S DL rgce Fanciel Huppy 3631 Falls Pal Ball Date 1 1966 11	SIGNATURE
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ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased leved, If institution: Rasidance before edmission) e. COUNTY b. COUNTY & ARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) write RURAL and give nearest town) et. Pages filled d NAME OF HOSP TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? ANGERT carbon papers. First within 72 hours NO IT YES -NAME OF Middle DATI DECEASED (Typa or print) DEATH 196 5. SEX PNEVER MARRIED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lest birthday) Months Days WIDOWED DIVORCED physician геттоуе 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or fore on country) dona during most of working lifa, even if retired) any BRICKLAYER RYLAND 13. FATHER'S NAME please 14. MOTHER'S MAIDEN NAME .5 attending and JARFIELD Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. | 17, INFORMANT Address (Yes, no, or unkown) (Ilyesgivewarordatesofsarvice) permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN þ ONSET AND DEATH 9 PART I. DEATH WAS CAUSED BY: as been signed burial-transit po IMMEDIATE CAUSE (a) cremation. DUE TO attending peen Conditions, (b) gave rise to immadiata cause DUE TO burial, (e), stating the underlying has causa last. the PHYSICIAN: TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRI 19. WAS AUTOPSY CERTIFICATION hospital 98 2 PERFORMED? NO L USe prior YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of itam 18.) 101 After this detached for (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING MEDICAL 20c. TIME OF INJURY Month, Day, Year 20s, PLACE OF INJURY (Home, farm, 2Dd. INJURY OCCURRED 20f. (City or lown) (County) (Stete) factory, streat, office bldg., atc.) be retained While Not While Hour a.m. at work at work DIRECTOR: 3 should be de State ...1965, and that death occurred at saw the deceased alive on... V. 24 Z.M. from the causes and on the date stated above. may 22a. SIGNATURE 22b. DATE ATTENDING **4 SIGNED** PHYS DIRECTOR PHYS. M.D. O HOSPITAL death. Page 4 O FUNERAL page with th 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) director, 23a. BURIAL, CREMATION, DATE THEREOF OF CEMETERY OR CREMATORY (City, lown or coust REMOVAL (Specify) TIONAL KIRIAL FUNERAL DIRECTOR'S SIGNATURE 1050 VR A15 (4) 20M S-63

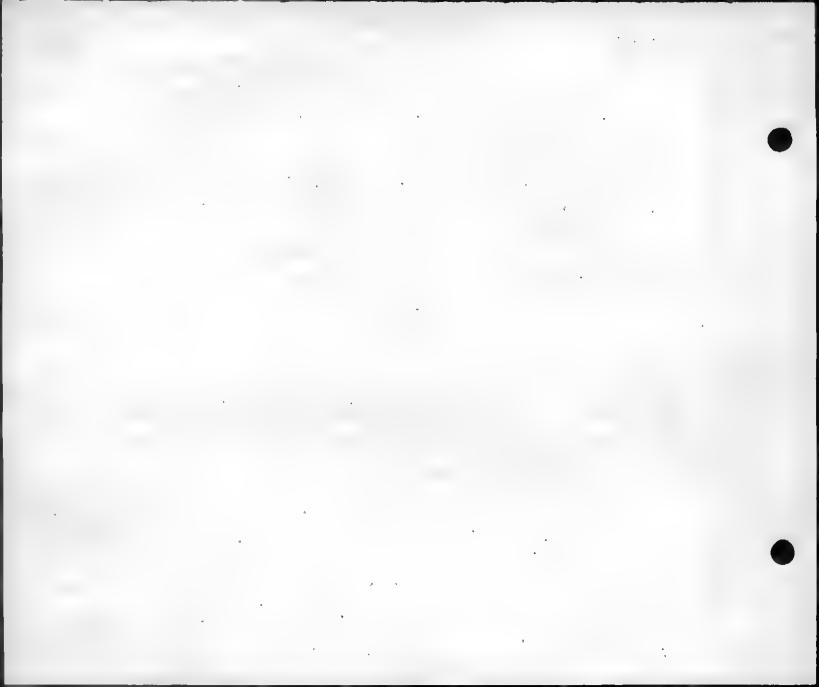


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY a. STATE b. COUNTY 후 2 년 년 BALtimore MARYLAND MARYLAWN Altimore b. CITY OR TOWN (il outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 LOWSON OLUSON filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? BuckshiRE YES NO Noad completely papers. NAME OF Year Middle DATE Month DECEASED OF (Type or print) DEATH 19 HERHERT 600 JAW. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthday] | Months Carl MALE WIDOWED [DIVORCED SEPt. 5 1885 10a USUAL OCCUPATION (Give kind of work 1 106 KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foreign country) 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) JERSEY SALESMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending MALILDA DANA DRUMMONO t com b 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive war or dates of service) , 68 MRS BEATRICE BURKShiRE litcomb INTERVAL BETWEEN 18. CAUSE OF DEATH [Enlar only one cause per line for (a), (b) and (c). à ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO D 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED : 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) 2Dc. TIME OF INJURY Month, Day, Year (County) (State) lactory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. DIRECTOR 196 (1) (we) last La compres 1963 10. 21. I certify that (1) (this hospital) attended the deceased from pucces 7/19.66, and that death occurred at 7 M, from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHY5. FUNERAL 22c PHYSICIAN'S 22d. ADDRESS director, be filed 23d- LOCATION (City, lown or county) 238. BURIAL, CREMATION. | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) DULANEY VALLEY MEM CHROCK BURIAL 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4) 1SM 7-62 1080 WM. Cook - BROOKS LOWSON

RYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

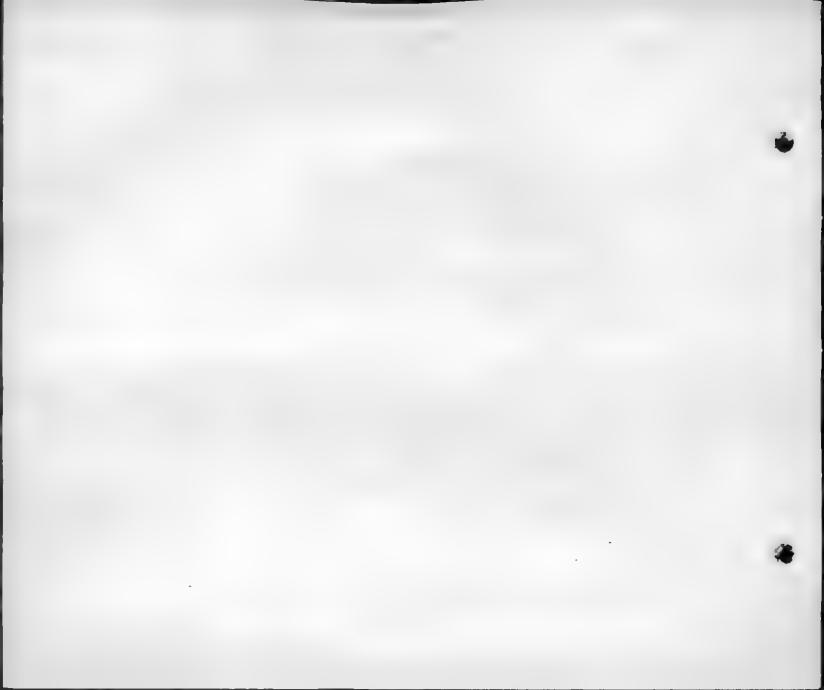


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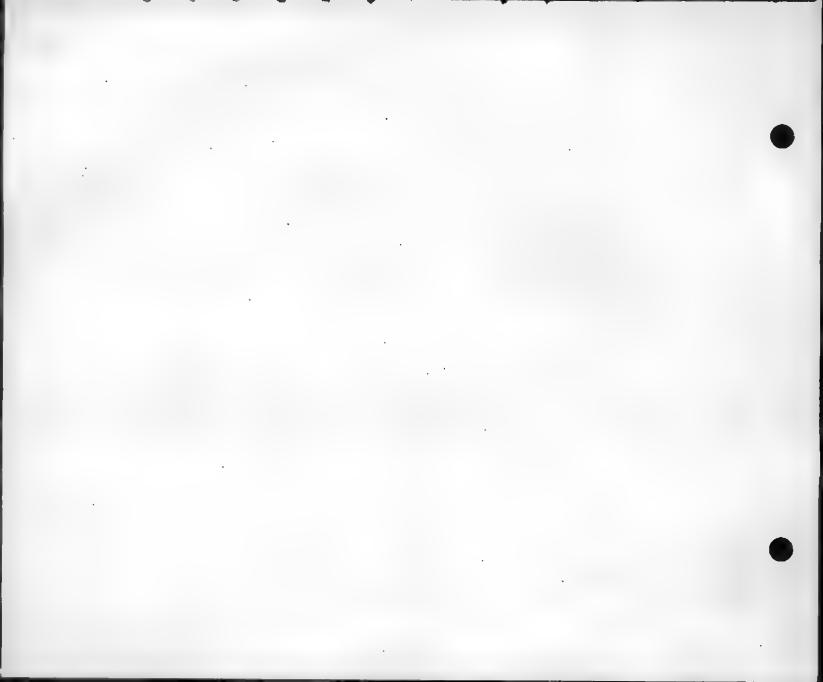
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) **b. COUNTY** c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES I NO I'M 10 66 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Davs 12 CITIZEN OF WHAT COUNTRY? Address ONSET AND DEATH PERFORMED? YES NO TO (County) (Slote) 1966 that I last saw the deceased ADDRESS (Street, city or town, stote) 22d LOCATION (City town, or county) (Slote) 24b..REGISTRAR'S./SIGNATURE

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1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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	3. NAME OF First Middle Last 4. DATE Month Oay Year OECEASEO (Type or print) LEISA ANN TRAKNEY DEATH JAN 28 1966
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aw requatending	cause (a), stating the underlying cause last. (c) MENINGO by 45 Lo CELE - Lum BAR 14.
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L OR ATTENDING PY by be retained by the DIRECTOR: After age 3 should be defilled with the State	21. I certify that (I) (this hospital) attended the deceased from 1-20, 1966, to 1-28, 1966, that (I) (we) last saw the deceased alive on 1-25 1966, and that death occurred at 600M, from the causes and on the date stated above.
AL OR A L DIREC page 3 filed w	22a. SIGNATURE Jany h. John M.O. PHYS. MED. OIRECTOR PHYS. 1/28/66
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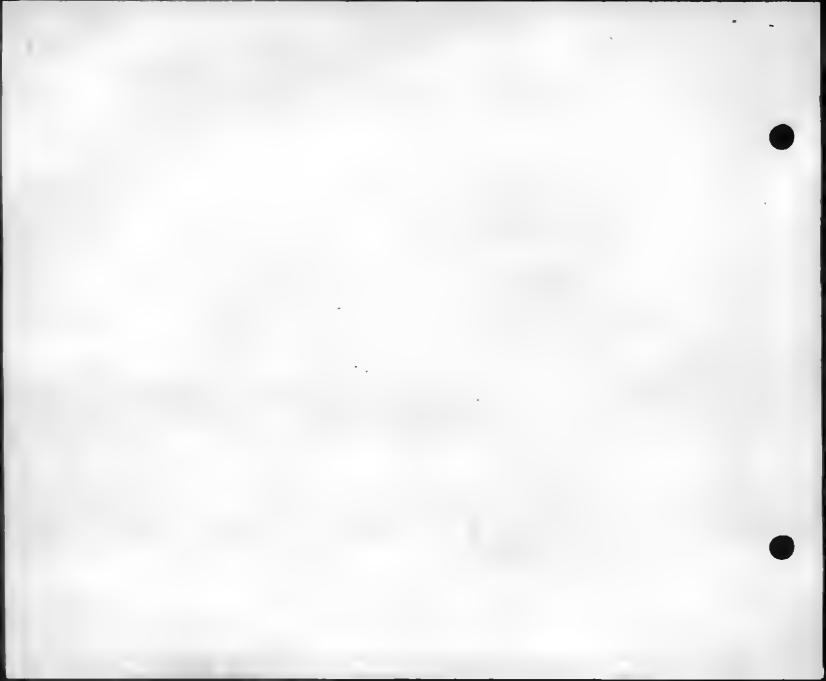


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 201 W DOCKTON CIDECT BALTIMODE MADVIAND 21201

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PHYSICIAN: the hospital this certifi detached fo e Dept. of H	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERF YES 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR. After this certifinate has buent signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the state of the st	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, left blue of the control of the co	(State)
NDIN ned red t	21. I certify that (I) (this hospital) attended the deceased from 12. 1966, that (I)	(we) last
ATTENDITY retained ECTOR: At 3 should with the S	saw the deceased alive on Tan 7 1966, and that death occurred at 45 M, from the causes and on the date star	ted above.
Dine of he de	A. Brennemich C. Cherry M.D. ATVENDING MED. STAFF - 1-7-E	6
D HOSPITAL Page 4 may FUNERAL 0 director, pag	DEN PHYSICIAN'S - DAME (Type) EN VENIDO A. CABUAY Balto County Fla. Hosp.	
TO HO Page To FUI direct should be s	BURNAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 1/9/66 Lett Lett Lett Lett Baltimale, Marylan	(State)
18	24. FUNERAL DIRECTOR ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURI	
VR A15 (4) 1 15M 4-64	Hol Levenson & Oras Inc 6010 Rendersony Roberten 11 1935 & hower Judge	



TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please lemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and then years, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that IIIe Beatill curtificate be executed within 24 hours after Beatill.

Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00410	CERTIFICATE	OF DEATH		
1. PLACE OF DEATH	1	2. USUAL RESIDENCE (Where d		Residence béfore admission)
A. COUNTY		mary land	b. COUNTY	17
b. CITY OR TOWN (if outside corporate limits,	MARYLAND I c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	roceta (Imite, write D1IDA)	and also negreet town
write RURAL and give nearest town)		C. CIT: OK ISMIT (III OUTSIDE CO	thotate utility wills rows	E and Rive meatest towny
Kandallstoun	l hour	Hallmare		[-]
d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS	0.	B. IS RESIDENCE ON A FARM?
Baltimere County	Gew. Blosp.	4 Sunney	uld	YES NO X
3. NAME DF First	Middle Vol/her	thugast , 4. pare	Month	Day Year
(Type or print)	Paul Hi	llethan DEAT	H Jan.	11 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	, DATE OF BIRTH	AGE/In years IF UNDER	YEAR IF UNDER 24 HRS.
Male White WIDOWED	DIVORCED	Dec. 12, 1885	last birthday) Months 80 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR NDUSTRY	11. BIRTHPLACE (County & Stat	e, or fereign country) (12, 0	ITIZEN OF WHAT
Painting & Hardware Busi		Chrinany		.S.A
13. FATHER'S NAME	iless-lettica	14. MOTHER'S MAIDEN NAME		
Charles W Hallouthan	\sim	DINTINNY, W	enrietta Diet	rich
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	Address	<u> </u>
(Yes, no, or unknown) (If yes give war or dates of service)	2-32-3844 Em	ma H. Vollerthu	m 4 Summer	field Road
18. CAUSE DF DEATH [Enter only one cause per li		ina ii. voiicitmo	THE RESIDENCE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ing lot (a), (b), and be).1	Rossia		ONSET AND DEATH
IMMEDIATE CAUSE (a)	rul y. J	-, receiving		
DUE TO	Duck O.	In Rout		
Conditions, if any, which gave rise to immediate (b)	naru au	to recease	ng	
cause (a), stating the DUE TO			V	
underlying cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
CAI				YES NO
20a. ACCIDENT WAS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Part II of Item 1	B.)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 1 20b. I OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	NJURY OCCURRED 20e, PLAC		(City or town) (Co	unty) (State)
Hour a.m. While	Mot While factor	ry, street, office bldg., etc.)		
		0 1 11 20/0/ 1	Jan 11 191	lal that My tour land
21. I certify that (I) (this hospital) attended		death occurred at 1240M, 1		cla, that (1) (we) last
22a. SIGNATURE		death occorred aczas zam, i		DATE SIGNED
1 /2 Lynna	/ M.D.	ATTENDING MED.	STAFF /	-11-66
22c. PHYSICIAN'S	W1.D	22d. ADDRESS.	C C	11
NAME (Type)	FRMA	Baltiman	Comity &	in Jop.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. I	OCATION (City, fown or co	ounty) (State)
Burial 1/14/66	Woodlawn Ce	emetery E	Baltimore, M	d
24. CHUNERAL DIRECTOR	ADDRESS	25a. REC'D BY REC	ISTRAR 25b. REGISTRAF	R'S SIGNATURE
Ellsworth Armacost 4600 L	iberty Heights	Ave . natAN 13	1300	1
Elitanot en litariación rodo E		- I DAME III	170 90 90	

VR AIS (4) 20M 1/65



00474

CERTIFICATE OF DEATH

00 £60

1. PLACE OF DEATE d. COUNTY	Baltimore		MARYL	AND	2 USUAL RESID	ence (wh	ere deceased and	lived. If institution b. COUNTY	an: Residence	before	admission)	/
	/N (If outside corporate limit vs. nearest town) SVILLEE	s, write	c. LENGTH OF STAY II	N 16		own (if o		ote limits, write R	URAL and gi		st lawn)	
d. NAME OF HO OR INSTITUTION Ridge	OSPITAL (If not in hospital, gr ON EWAY MANOR NU	rsing	ddress) g Home		d. STREET A	L25 S	. Boul	din Stre		e	IS RESIDER	RM?
3. NAME OF DECEASED (Type or print)	Anna	it	$^{ ext{Middle}}_{ extbf{E}}$.		Vorsteg		4. DATE OF DEATH	Januar		2 Day	Year	66
s sex Female	6.COLOR OR RACE White	7. MARRI WIDOWE	DIVORCED		June 18		1	9. AGE (In years last birthdoy) yrs.	Months C			4 HRS. Min
100. USUAL OCCUP during most of House	ATION (Give kind of work d working life, even if retired) WITE	lane 10b	KIND OF BUSINESS OR	INDUST			or foreign co		12 CITI2	EN OF	WHAT CO	UNTRY?
13. FATHER'S NAME	Nickels Wol	£			14. MOTHER'S							
				Ian a	Marga	ret F	eit					
NO	EVER IN U. S. ARMED FORCE (If yes, give wor or dates of se		SOCIAL SECURITY NO.	1	s. Ethe.	l McK	ean	125 S. B		St	reet	
gove rise I	if any, which a immediate ling the under ost.	C	Ulmos	e K	wazz					4	ran	7
. S	OTHER SIGNIFICANT CON							<u> </u>	EN IN PART		WAS AUT PERFORMI YES N	ED?
	TWAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED	, (Enter nature of	injury in f	Part I or Part	II of item 1B.)				
Hour a.	NJURY Month, Day, Yea m. m. 19	While of work	Not while	20e. PLA fact	CE OF INJURY (Fory, street, office	lome, form bldg , etc.	20f. (City	or town)	(Co	ounty)		(State)
ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)_	that I attended the I January Zullia William	1260 (i)	Ame	N	1.0	X. Y J	M; from ADDRESS (Str	reel, city or lown,	and an the state)		stated	
Burial Burial			Parkwood	TERY OR	CREMATORY			more, Ma			(Stote)	
23 FUNERAL DIRECT	tor's signature Zeiler Inc.	190	ADDRESS L Eastern A	ve.			BY REGISTI	1966	TRAR'S SIGN		Judg	٠.

mostriate of the testing of the following physician.

TO FUNERAL DISC. 700 R. After this certificate has been signed by the attending physician and campletely filled it by the funeral director.

TO FUNERAL DISC. 700 R. After this certificate has been signed by the attending physician and campletely filled it by the funeral director.

To FUNERAL DISC. 700 R. After this certificate has been signed by the attending physician and campletely filled it by the filed with the registrar prior to buriat, cremation, or removal, and in any event within 72 hours after death.

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hay

ofter death. Page 4

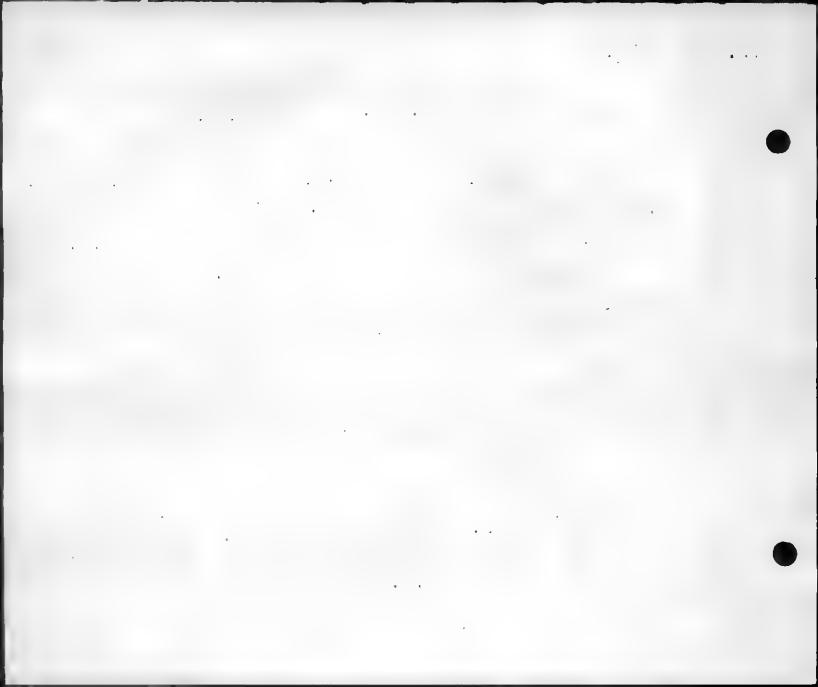
TO HOSPITAL OR



		DIVISIO	N OF STAT	ISTICAL RE	SEARCH AND RE	CORDS	, 301 W. PRE	STON S	TREET, B	ALTIMOR	E 1. MA	RYLAN	D
		00475	j				E OF DE					1100	67
3	1.	PLACE OF DEAT	Н					SIDENCE (V	Vhere deceased			dence befor	e admission)
			Balti		MARY	LAND	a. STATE	Mary!	land	b. COUNT	Y Pri	nce G	eorge
		b. CITY DR TDV write RURAL	VN (if outside c , and give near	orporate limits,	c. LENGTH OF STA		c. CITY OR TO	WN (If outs	ide corporati	e limits, writ	e RURAL an	d give nea	rest town)
		Catons	ATTT6		**************************************			aurel	, Md.	/_	*		
v					in hospital, give street a	iddress)	d. STREET ADD			0			A FARM?
	-	SPRING NAME OF	GROVE		O3PITAL					Street		YES	ND .
	J.	OECEASED (Type or print)		First M elind a	Middle		Wade	4.	DATE	Month		Day	Year
	5.		6. COLOR OR			n 1991 L 1	MAQE B. DATE OF BIRT	TH !	OEATH	Janu (In years (II	FIINDER 1 Y	-	19 66 DER 24 HRS.
	F	enale hte:	femal	WIDOV	WED DIVORCE		Nov. 11,		last	birthday) N	ionths Da	ys Hou	
	10a dur	USUAL OCCUPATING MOST OF WORLD	TION (Give kind o	fworkdone 10	b. KIND OF BUSINESS OF	3	11. BIRTHPLA	CE (County	& State, or for		12. CITI	ZEN OF WI	TAT
	- 10	housewor						yland				S.	
	13.	FATHER'S NAM						MAIDEN					
	15	WASDECEASED	rry Wade	MED EODOEC2 1	16. SOCIAL SECURITY NO	1 1 1 7	INFORMANT	White	nore	Address			
	(Ŷ¢	ar unkown)	(If yes give war or	r dates of service)				CDDT	70 000				
				only one cause r	unknown per line for (a), (b), and (c		ecords:	SPRIN	NG GRO	VE ST		HOSP T INTERVAL	
			EATH WAS CAUS	ED BY: Ca	rdiovascular	col	lapse					ONSET AN	ID DEATH
		7	IMMEDIATE	DUE TO									
		Conditions, If		(b)									
		gave rise to cause (a), s		DUE TO									
	z	underlying caus		(c)									
	FICATION	PART II, DTHER			RIBUTING TO DEATH BUT			IINAL DISEA	SECONDITIO	N CIVEN IN P	ART 1(a)	PERI	AUTOPSY ORMED?
d.	IFIC	2DA ACCIDENT	WAS UNDERLY	ptococio				ura of Inh	ru in Dart i /	or Part II of	Itam 19 \	YES 1	ио 🗌
	CERTI	DR CONTRIBUT	INC CAUSE C	F DEATH	b. DESCRIBE HOW INTO	NT OCCO	KKED. (Enter nat	are or anju	iy iii raic i c	W Laif II O	Rem To-1		
	CAL		INJURY Month	, Day, Year 20	d. INJURY OCCURRED	20e. PLA	CE OF INJURY (HO	me, farm,	20f. (City	or town)	(Count)	()	(State)
1	MEDICAL	Hour a. p.	m. m.	19 at	hile Not While work at work	racto	ry, street, office b	log., etc.)					
		21. I certi	fy that 🕼 (thi		ended the deceased f		Jan. 11	10:51		an. 26			
		saw the de	ceased alive r	on Jan.	<u>26</u> 19 66 , a	and that	death occurre	d 30 - 00	M, from th	e causes a	nd on the		ted above.
		ZZa. SIGNATU	7.1	akle		M.D	ATTENDING PHYS.	MED.	CTOR D S	TAFF HYS	1-26		
		22c. PHYSICI/ NAME (T		of the Wal-	3 am W D		22d. ADDRE	SSPRI	NG GR			HOS	I'TAL
	222	Dilnist ones			ler, M. D.		An Antille		imore,				(()4040)
	23a	REMOVAL (Sp	-7.	0.14	23c. NAME OF CI	METERY	0	1-30	3d. LOCATIO	Way 1	P (1)	Not a	(State)
	24.	FUNERAL DIRI	ECTOR CA	11-2411	ADDRESS	73 \$ FA	/ Hime 25a	REC'D B	Y RECISTRAR	25b. RE6	HSTRAR'S	IGNATUR	ige.
	X.	V. Dengal	lita-	(-	For Burnie	M	phyland DAT	LE G B	1 19	00	. \	"11	0
						/	7						

MADVIAND STATE DEDADTMENT OF BEALTH

VR AI5 (4) 20M 1/65



please exec director. Pa retained for O FUNERAL I Health ö 0

DEPUTY

VR ALSME (5) 1/65

10 for

HUBBARD FUNERAL HOME. 4107

GEORGE S. M.

23b. DATE THEREOF

2/3/66

EXAMINER'S

NAME (Type

24.

BURTAL

FUNERAL DIRECTOR

BURIAL, CREMATION. REMOVAL (Specify)

LOUDON PARK CEMETERY

WILKENS AVENUE

KETF

NAME OF CEMETERY OR CREMATORY BALTIMORE

DEPUTY MEDICAL EXAMINER

MARYLAND

BALTIMORE

Days

COUNTRY? U.S.A

12. CITIZEN OF WHAT

19.

(County)

YES

30

6. IS RESIDENCE

ON A FARM?

Year

1966

21227

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

PERFORMED?

and in my opinion

DATE SIGNED

(State)

NO A

(State)

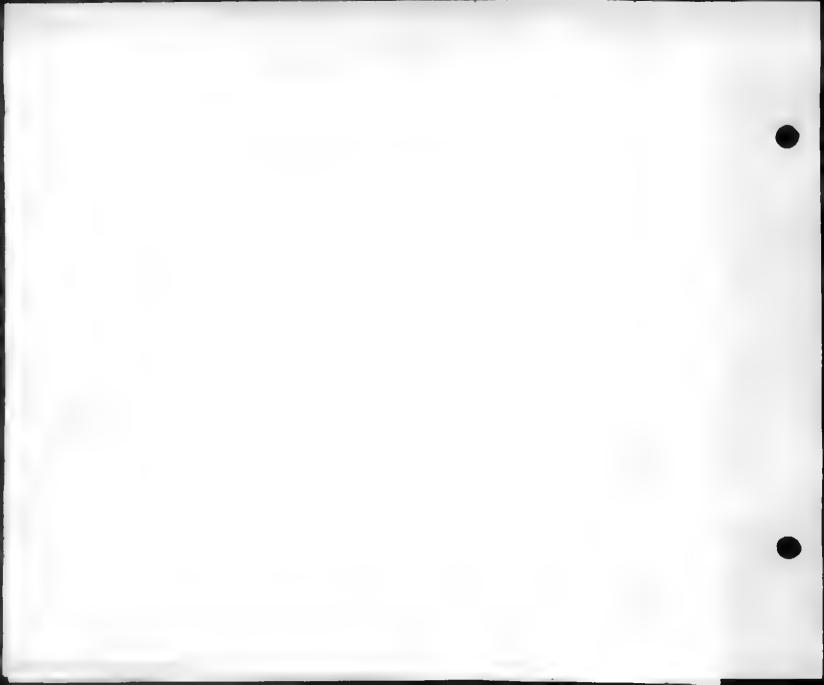
25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

Address (Street, city, town, or consyl 010 LEEDS AVENUE =

23d. LOCATION (City, town or county)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 I, NAME OF DECEASED (Type or Print) within 24 hours after death funeral 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STA 15B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLA by the (If not in hospital or institution, give street FULL NAME OF oddress or location) (If outside city limits, write RURAL and give township) HOSPITAL OR INSTITUTION .≘ filled : ADDRESS (If rutal, give location) campletely If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE last birthda Months Doys Hours : VED., DIVORCED (specify) 12. CITIZEN OF BUSINESS OR INDUSTRY or fareign country) WHAT COUNTRY Dug PHYSICIAN: The law requires that the death certificate NAME ADDRESS. attending 1 5. Was Deceased Ever in U.S. Armed Forces? 6. SOCIAL (Yes, no as unknown) (II yes, give war or dates of service) SECURITY NO. 計 DISEASE OR CONDITION DIRECTLY signed by physician. LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthema, etc. It means the disease, injury or camplication which caused death.) attending p has been ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving use to the obave cause (A) stoling the (C) certificate t UNDERLYING CONDITION lost. ö hospital П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the OR ATTENDING à ond that in (my) (our) opinion death occurred on the date that (I) (wa) lost sow the deceased alive an Page 4 may be reserved to FUNERAL DIRECTOR. A be retained and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 238 DATE SIGNED 23A, SIGNATURE Attending C Med. Stoff M.D. Director Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Tape) ECRIAL CREMATION. REMOVAL (Specify



TO HORFITAL OF ATTENDING PHYSICAL: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physical and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 4-64

		MARY	YLAND STATE DE	PARTMENT OF	HEALTH	
		FICAL RESEA	ARCH AND RECORDS	301 W. PRESTO	N STREET, BALTIMOR	E 1, MARYLAND
00478		Item	#1 CERTIFICAT	7 27 1 700 pc		00270
. PLACE DF DEAT	H			2. USUAL RESIDENCE	CE (Where deceased lived, If Instit	tution: Residence before admission)
Baltin			MARYLAND	a. STATE Maryla	and b. count	Baltimore
b. CITY OR TOY	WN (if outside corpo	orate ilmits,	c. LENGTH OF STAY IN 16	G. CITY OR TOWN (If	outside corporate limits, write	RURAL and give nearest town)
	Randalla			Rural	Randallstown	: . !
			ospital, give street address)	d. STREET ADDRESS		6. IS RESIDENCE ON A FARM?
Windsor	Mill Rd.	Balte 7	Md	Winds	or Mill Road	YES NO DE
. NAME OF DECEASED		First	Middle	Last	4. DATE Month	Day Year
(Type or print)		garet	W	aldschmidt	DEATH Jan.	23 19 66
SEX	6. COLOR OR RAC	CE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF last birthday)	HNOFR 1 YEAR HE UNDER 24 HRS.
Female	White	MIDDMED		July 19, 18	885 80 yrs.	
Oa, USUAL OCCUPA uring most of worl	TION (Give kind of wo king life, even if ret	ork done 10b, Ki lired) 10	IND OF BUSINESS OR		ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
House	sevife	no	ne	Baltimore,		U.S.A.
				14. MOTHER'S MAIL	DEN NAME	1 5 0
unknor	MEA	elker		1	unknown	8 6 W
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address						
Yes, no. or unkown)	1/ If yes a ive war or dat	has all consider \ [***************************************	
Yes, no, or unkown)	(If yes give war or dat	tes of service) 21	2-28-8992 Mr	. Geo. W. Wa	***************************************	isor Mill Rd.
Yes, no, or unkown)	(If yes give war or dat DEATH (Enter only	one cause per II		. Gee. W. Wa	aldschmidt Wind	INTERVAL BETWEEN
Yes, no, or unkown)	(If yes give war or dat	one cause per II	2-28-8992 Mr	. Gee. W. Wa	aldschmidt Wind	
Yes, no, or unkown) 18. CAUSE OF PART 1. D	CEATH (Enter only DEATH WAS CAUSED IMMEDIATE CAU	one cause per II	2-28-8992 Mr		aldschmidt Wind	INTERVAL BETWEEN
18. CAUSE OF PART I. D Conditions, If	DEATH (Enter only DEATH WAS CAUSED IMMEDIATE CAU Di any, which	rone cause per II BY: ISE (a)	2-28-8992 Mr	. Gee. W. Wa	aldschmidt Wind	INTERVAL BETWEEN
18. CAUSE OF PART I. D Conditions, If gave rise to	OEATH (Enter only peath WAS CAUSED IMMEDIATE CAU	rone cause per II BY: ISE (a)	2-28-8992 Mr	. Gee. W. Wa	aldschmidt Wind	INTERVAL BETWEEN
18. CAUSE OF PART I. D	OF TIME OF THE PROPERTY OF T	one cause per II BY: ISE (a) UE TO (b)	2-28-8992 Mr	. Gee. W. Wa	aldschmidt Wind	INTERVAL BETWEEN
18. CAUSE OF PART I. D Conditions, If gave rise to cause (n), s underlying cau	OF TENTE ONLY DEATH [Enter only DEATH WAS CAUSED IMMEDIATE CAU DI any, which Immediate stating the See last	rone cause per II BY: ISE (a) UE TO (b) UE TO (c)	2-28-8992 Mr Ine for (a), (b), and (c).] Leen School Local State Loca	glynho	aldschmidt Wind	INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF PART I. D Conditions, If gave rise to cause (n), s underlying cau	OF TENTE ONLY DEATH [Enter only DEATH WAS CAUSED IMMEDIATE CAU DI any, which Immediate stating the See last	rone cause per II BY: ISE (a) UE TO (b) UE TO (c)	2-28-8992 Mr Ine for (a), (b), and (c).] Leen School Local State Loca	glynho	aldschmidt Wind	INTERVAL BETWEEN ONSET AND DEATH
18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT	OEATH (Enter only DEATH WAS CAUSED IMMEDIATE CAU any, which Immediate stating the Isselast. SIGNIFICANT CONDI	rone cause per II BY: ISE (a) UE TO (b) UE TO (C) ITIONS CONTRIBU	2-28-8992 Mr Ine for (a), (b), and (c),] Leen School Leen School Ting to Death But Not Related	Segration library	aldschmidt Wind	INTERVAL BETWEEN ONSET AND DEATH 2
18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OEATH [Enter only DEATH WAS CAUSED IMMEDIATE CAU any, which Immediate stating the ISB last. SIGNIFICANT CONDI	rone cause per II BY: ISE (a) UE TO (b) UE TO (C) ITIONS CONTRIBU DEATH MINER) UE SO DEATH MINER)	2-28-8992 Mr Ine for (a), (b), and (c),] Leen School Leen School Ting to Death But Not Related	Segration library	aldschmidt Wind	INTERVAL BETWEEN ONSET AND DEATH 2
18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	OF THE CAUSE OF TH	rone cause per II BY: ISE (a) UE TO (b) UE TO (c) ITIONS CONTRIBU DEATH MINNER) By, Year 2Dd. IN	2-28-8992 Mr Ine for (a), (b), and (c).] Company of the property of the prop	ATED TO THE TERMINAL E	DISEASE CONDITION GIVEN IN PART I OF PART II OF	INTERVAL BETWEEN ONSET AND DEATH 2
Yes, no, or unkown) 18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a.	OEATH [Enter only DEATH WAS CAUSED IMMEDIATE CAU any, which Immediate stating the ISB last SIGNIFICANT CONDITIVE TWAS UNDERLYING TOTAL T	rone cause per II BY: ISE (a) UE TO (b) UE TO (C) ITIONS CONTRIBU DEATH MINER) UE SO DEATH MINER)	2-28-8992 Mr Ine for (a), (b), and (c).] Let John John John John John John John John	ATED TO THE TERMINAL E	DISEASE CONDITION GIVEN IN PART I OF PART II OF	INTERVAL BETWEEN ONSET AND DEATH 2
Yes, no, or unkown) 18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a. p.	OF THE PROPERTY OF THE PROPERT	rone cause per II BY: ISE (a) UE TO (b) ITIONS CONTRIBU EATH MINER) ay, Year 2Dd. IN While 19 at work	2-28-8992 Mr Ine for (a), (b), and (c).] Let John John John John John John John John	ATED TO THE TERMINAL E	DISEASE CONDITION GIVEN IN PART I OF PART II OF	INTERVAL BETWEEN ONSET AND DEATH 2
Yes, no, or unkown) 18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a. p. 21. I certi saw the de	OF THE CAUSE OF DEATH (In the course of the	rone cause per II BY: ISE (a) UE TO (b) ITIONS CONTRIBU EATH MINER) ay, Year 2Dd. IN While 19 at work	2-28-8992 Mr Ine for (a), (b), and (c).] Let State ITING TO DEATH BUT NOT RELA DESCRIBE HOW INJURY DCCU NURY DCCURRED 206. PLA Factor at work 100 and the deceased from and the deceased from	ATED TO THE TERMINAL E JERED. (Enter nature of the cory, street, office bldg., e	DISEASE CONDITION GIVEN IN PART II of Part II of arm, 20f. (City or town) 9.5 4 to Laurany k	INTERVAL BETWEEN ONSET AND DEATH 2 ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO Item 18.) (County) (State)
Yes, no, or unkown) 18. CAUSE OF PART I. D Conditions, If gave rise to cause (a), s underlying cau PART II. DTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO 20c. TIME OF Hour a. p. 21. I certi	OF THE CAUSE OF DEATH (In the course of the	rone cause per II BY: ISE (a) UE TO (b) ITIONS CONTRIBU EATH MINER) ay, Year 2Dd. IN While 19 at work	2-28-8992 Mr Ine for (a), (b), and (c).] Let State ITING TO DEATH BUT NOT RELA DESCRIBE HOW INJURY DCCU NURY DCCURRED 206. PLA Factor at work 100 and the deceased from and the deceased from	ATED TO THE TERMINAL E JERED. (Enter nature of the circumstance), street, office bldg., e t death occurred at the circumstance of the circumstan	DISEASE CONDITION GIVEN IN PART I OF PART II OF CITY OF TOWN) 20f. (City or town) 3. A.M., From the causes at	INTERVAL BETWEEN ONSET AND DEATH ONSET

23a.

BURIAL CREMATION, REMOVAL (Specify) Burial 1-25-66 Mt. Olive FUNERAL DIRECTOR

LOCATION (City, town or county) Randallstown

(State) Md.

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PHYSICIAN'S NAME (Type)

Dr. EdwinL. Pierpont

22d. ADDRESS

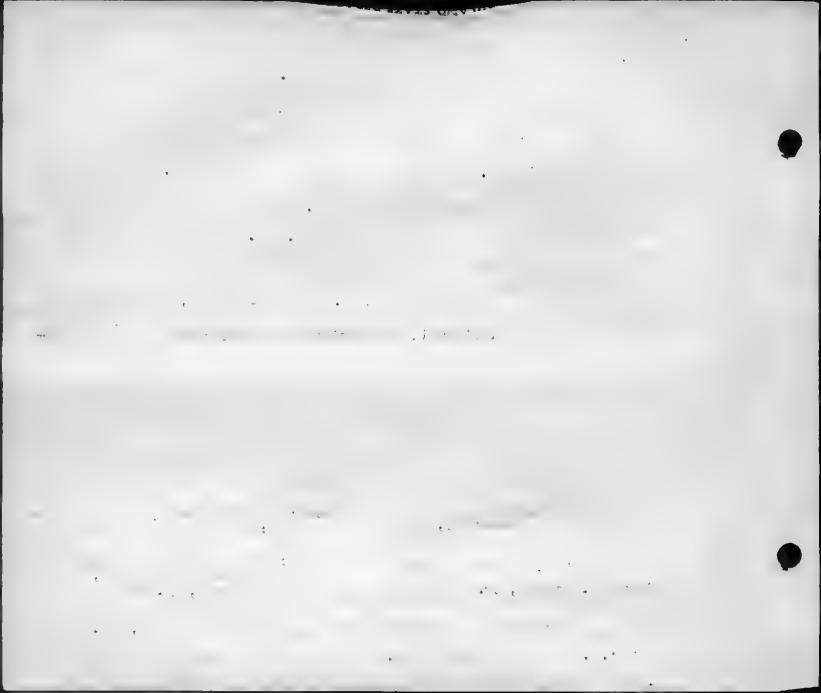
8204 Liberty Rd

NAME OF CEMETERY OR OFFICE

1966

15.3

1	1/ /	EPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1, M	
k 700 mm	00479 CERTIFICAT	E OF DEATH	00211
funeral should	PLACE OF DEATH . COUNTY Paltimore	2. USUAL RESIDENCE (Where decessed lived, if institution	
로 의사로	Baltimore MARYLAND	. STATMA . b. COUNTBal	timore
	b. CITY OR TOWN (if outside corporate limits, c LENGTH OF STAY IN 11 write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL of	end give nearest town)
Z .= T ≥	Woodlawn	Woodlawn	,
within filled Pages urs aft	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	o, IS RESIDENCE ON A FARM
d with rs. Pag	1901 Oak Drive	1901 Oak Drive	YES NO
executed completely in papers. thin 72 ho	3. NAME OF First Middle DECEASED WALL A CO.	4. DATE Month OF DEATH Jan. 24/6	Dey Year
executed completely on papers.	(Type or print) William E. Wallace	DEATH SALL & 4/0	17
8 -5-5.≥	Markied Never MARKIED Never MARKIED	last birthday) Months	
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDIV	Sept. 23/86 79 yrs. STRY II BIRTHPLACE (County & Siele, or foreign country) 12. C	I
	done during most of working life, even if retired) Retired	Balto. Md. US	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
death rading	Frederick Wallace	Frances Muth	
the death e attending Then please	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	. INFORMANT Address	
that the and the	(Yes, no, or unkown) (Ifyesgivewarordatesofservice) 216 12 3083	Prs. Emily Longley, 1915 Og	ak Drivr
sician. d by the a permit. Ti	18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]	and the state of t	ONSET AND DEATH
# 20 g	PART I. DEATH WAS CAUSED BY, Undifferentiated (carcinoma of the prostate	2 years
law required phy ding phy signeen signe of-transit emation,	177 X DUE TO	•	
The law rated as been signal burial-tran	Conditions, if any, which (b)		
5 2 3 E	gave rise to immediate cause (e), stating the underlying DUE TO		
	cause last. (c)		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	PERFORMED?
NSICIA hospital certifica r use as prior to	208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Pert II of Item 18.)	YES NO
PHY the h his a for t	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	KRED. (Enter nature of injury to ran t of rest it of sem 10.)	
		PLACE OF INJURY (Home, farm, , 2Df. (City or town) (C	ounty) (State)
DING Ned by It After It etached of Heall	Hour a.m. While Not While	factory, street, office bldg., etc.)	,
CTOR: After	21. I certify that (i) (1972-1972) alterded the deceased from	October 10 65 to Tenuremen 1	10.66 alon (1) () 1.
d b d b		nat death occurred a 500 M, from the causes and on	
一一四月前	22a. SIGNATURE	ar death occurred ap 2 capy, from the causes and on	22b. DATE
	Mille Med 1/18 et and	M.D. PHYS. STAFF PHYS. DIRECTOR PHYS.	1/24/66 SIGNE
PITAL Page 4 ERAL Page with t	22c. PHYSICIAN'S	22d. ADDRESS 5101 Gwynn Oak Aven	
ICEPITAL ath. Page 4 FUNERAL ector, page filed with t	Millard T. Traband, Jr.	Baltimore, Md. 2120	
	238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER		
Taga g	urial Jan. 26/66 Lorraine P.		ма
0	24 FUNERAL DIRECTOR'S SIGNATURE . ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S	
20M 5-63	Witzke F.D. 4101 Edmondson "ve.	101AN 25 1966 gellen	es judge
10		V	17 0



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND 00480 funeral 2. USUAL RESIDENCE (Where deceased lived, if institution, Rasidence before admission) a. COUNTY b. COUNTY by the MARYLAND b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Edmondson Ave. Edmundson Arra papers in 72 ho YES NO Y 3. NAME OF Middle DATE DECEASED ESTELL 1966 (Type or print) carbon nt, withii AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED T NEVER MARRIED last birthday) Months Days female WIDOWED DIVORCED гетоув 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if relifed) Storm Window Business Sect please 13. FATHER'S NAME altending and Andrew C. Soeder Ella Cortez Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or detes of service) 215-24-8454 Mr Geo. Elliott walter 742 Edmondsor INTERVAL BETWEEN þ ò ONSET AND DEATH signed 1 PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) burial-fransit ARTERIOSCLEROTIC CARDIO-VASCLILAR 5+ YEARS attending gave rise to immediate cause (e), stetling the underlying After this certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (16), 19. WAS AUTOPSY CERTIFICATION PERFORMED? USe a prior MELLITU NO P for 20e. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Itam 18.) of Health OR CONTRIBUTING CAUSE OF DEATH detached 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) Not While Hour e.m. DIRECTOR at work et work 19.60 to JAIV 21. I certify that (I) (this hospital) attended the deceased from JUN 16 should 19.00 and that death occurred at 10.4M, from the causes and on the date stated above. saw the deceased alive on ... >-DATE 22a. SIGNATION ATTENDING director, page director, page be filed with the HOSPITAL death. Page 4 O FUNERAL PHYS. DIRECTOR M.D. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 23e. BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Trinity Cameteru Longreen, Maryland REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE STERLING FUNERAL 736 Edmondson VR A15 [4] 20M 5-63 Catonsville. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. desth. funera алд PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE ges 1 after MARYLAND b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 1-72 hours 7 Pag write RURAL and give nearest town) hours .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS within 72 commiletely in within NAME OF 3. First Middle DATE Month Last 4. DECEASED DF event, DRI (Type or print) DEATH patnoax 5. SEX 6. COLOR DR RACE AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS remove 8. DATE 7. MARRIED NEVER MARRIED last birthday) | Months | any and WIDOWED . DIVORCED .= 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) ease during most of working life, even if retired) INDUSTRY and MIL 0 attending physermit. Then plans, or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAM certificat AVIL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Andress ed by the atten-transit permit. 17. INFORMANT death (Yes, no, or unknwn) {(If yes give war or dates of service) NOA) CAUSE OF DEATH [Enter only one cause The law requires that the n signed by burial-transit burial, crem PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which been gave rise to Immediate as the prior to DUE TO cause (a), stating the underlying cause last (c) NO PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health this certificate I detached for use to Dept. of Health CERTIFICAT YSIIIA 2Da. ACCIDENT WAS UNDERLYING I DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) be de State MEGI Hour a.m. Not While While TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State • Š p.m 19 at work at work retained 21. I certify that (!) (this hospital) attended the deceased from 63 and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 228. SIGNATURE ATTENDING be DIRECTOR PHYS M.D. тау III SELLE PHYSICIAN'S 22c. 22d. ADDRESS NAME (Type d LOCATION (City, BURIAL, CREMATION, 23b. DATE THEREOF 2300 NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) 1317-00N BY REGISTRAR 24. FUNERAL DIRECTOR 25a. 25b.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

de

WAS AUTOPSY

NO [

(State)

(State)

PERFORMED?

YES

Days

12. CITIZEN OF WHAT

19.

DATE SIGNED

(County)

town or county)

1966

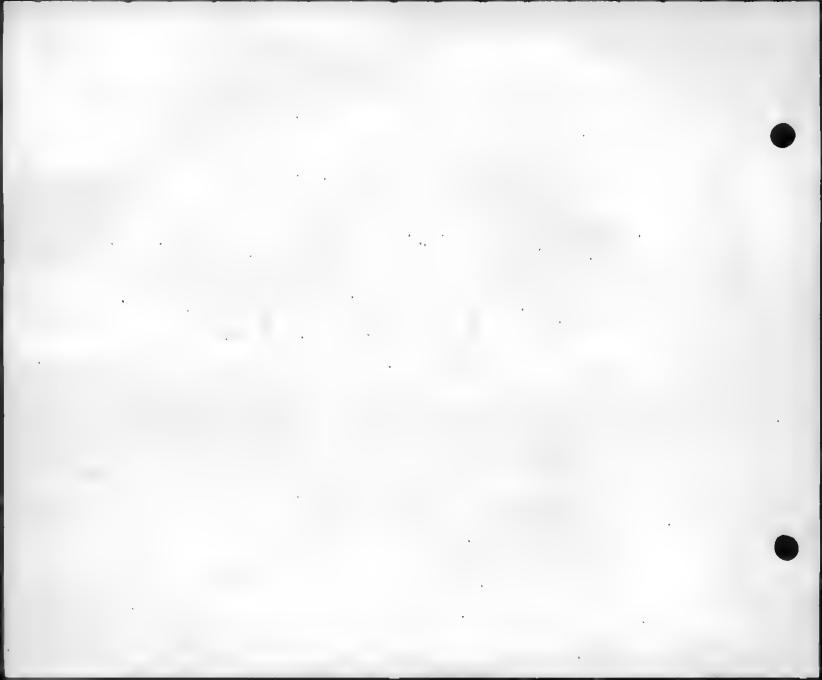
REGISTRAR'S SIGNATURE

YES

CDUNTRY?

ON A FARM? NO X

VR A15 (4) 2DM 1/65



FOR STANSHEALTH DEPT.

any delay is

MARYLAND STATE DEPARTMENT OF HEALTH
rision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLANI

1		SOT W. PRESION STREET, BALTIMURE, MARTLAND 212	(0)
	0034	'S CERTIFICATE OF DEATH	00174
ì	PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceosed lived, if institution, Residence	re before oamission)
	Galto MARYLAND	o. STATE D. COUNTY B.	elte
	b CTTY OR TOWN (If outside corporate imits, C LENGTH OF STAY N Ib write REPRAL and give nearest tawn)	c (TIY OR TOWN (If outs de corporate limits, write RURAL and give	nearest tawn)
	Sold	6 such	2 *
Ī	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e IS RES DENCE ON A FARM?
	802 Brunswich &d.	802 Brunswick Ad.	YES NO F
	NAME OF PECEASED ARTHUR	Lost 4. DATE Month	Doy Year
	(Type or print)	DEATH	31 1966
)	SEX 6 CO.OR OR RACE 7 MARRIED NEVER MARR ED	8 DATE OF BIRTH 9 AGE In years IF UNDER 1 lost birthdoy) Months	Doys Hours Min
-	Male Athite WIDOWED TO DVORCED	Supt 12 1887 105 DIFFIGURY MONTHS	DOYS HOURS INCH
	o USUAL OCCUPATION (Give kind of work done 10b Kind of Business OR INDUSTRY	COI COI	IZEN OF WHAT UNITEX?
1	yartin - Getires	wa,	1. 8.4.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Thomas Fatt	Elimbeth Edwards	
(1)		7 INFORMANT Address	
_		hildren	
	18 CAUSE OF DEATH (Enter only one couse per line for (p), (p) and (c).) PART DEATH WAS CAUSED BY	1. Dicarea	INTERVAL BETWEEN ONSET AND DEATH
	1MMEDIATE CAUSE (o)	2136/136	44
	Gond t.ons, if ony, which gove) (b)		
	rise to immediate couse (a),		
	stoling the underlying couse (c)		
	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	THE TERMINAL DISEASE COND I ON CIVEN IN DART 1/0)	19 WAS AUTOPSY
	San V Chief College Co	O THE DISCHALL COMP TO BOTTLE IN THE TOP	PERFORMED?
5	200 EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJUST OCCURRI	ED (Enter poture of injury in Port I or Port II of fem. 18.)	113 110
CERTIFICATION	PRIMARY 🗆 OF CONTRIBUTING 🗀	1/10	,
MEDICAL		PLACE OF MIDRY (Home, form, 20f (City or town) (Coul	inty) (Stote)
MEC	Hour o.m. p m. 19 While Not While of work of work	foctory, street, office bldg., etc.)	/
	21. I certify that I took charge of the remains described above,	held an Autopsy , Inspect an Inquiry D	and in my opinian
		vicide , Hamicide , Undetermined manner]
		CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE	M D ASS STANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S AND DIVINI AND	DEPUTY MEDICAL EXAMINER	1/4/66
-0	NAME (Type) /VICVS. VAV /S /VI O	LA - WY PROPER IN THE BUT ON - W	while
230	o Burial, Cremation, 23b. Date Thereof, 23c Name of Cemetery (OR CREMATORY 23d, LOCATION (City or Town)	(County) (State)
1 1	11	THE TALL STATE OF THE STATE OF	

250 RECD BY REGISTRAR
DATE EB 1 19

125b

REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/66 FUNERAL DIRECTOR

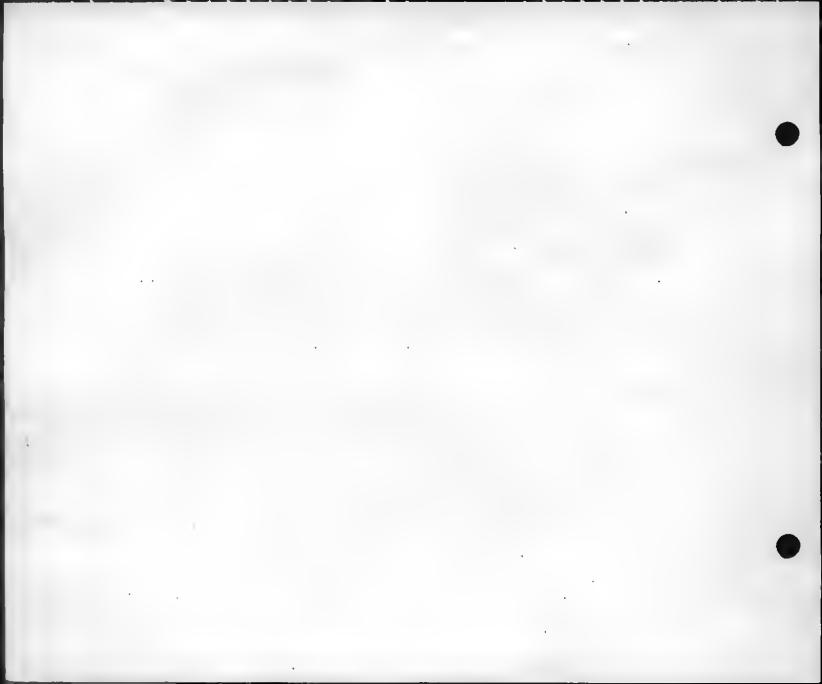
5 may be retained for your files.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farworded to the Chief Medical Examiner's Office along with farm PM3. Page

This certificate illhould lie executed within 24 hours after death. If

MAL EXAMINES:

TO DEPUTY



TO DEPUTY MET EXAMINER: This certificate mile is mented within 24 hours after meath. If any delay cossary, please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 is the functal director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. director. Page 4 shoul retained for your files.

> VR ALSME (5) 1/65

5M

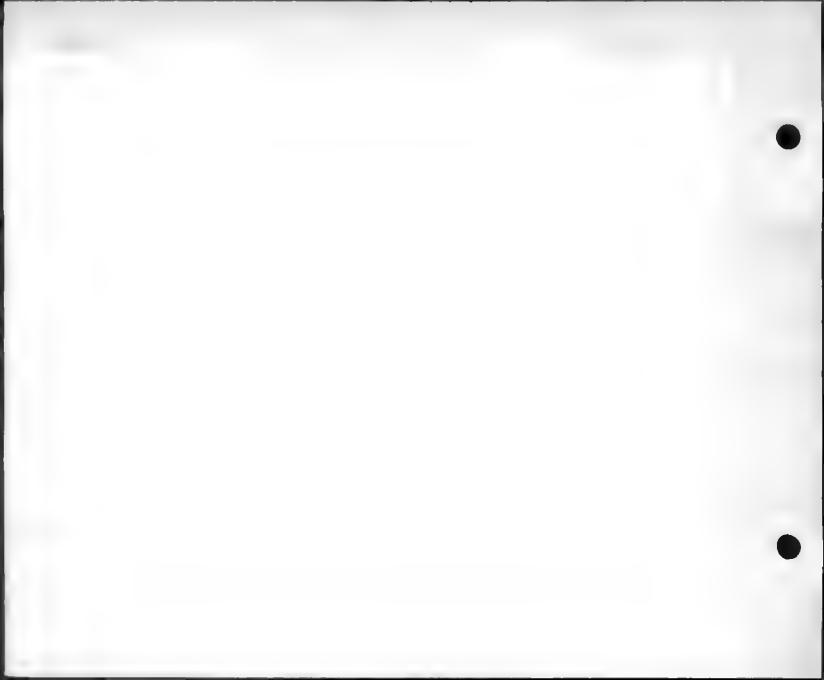
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CEPTIFICATE OF STATISTICAL PROPERTY.

		U	. 1	5
lf	institution:	Residence	before	admission)

a, COUNTY	Mariand b. Suntingere deceased lived, it institution: Residence before admission?
Baltimore MARYLANO	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7620Y OT R. R	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE ON A FARMA
St. Joseph's Hospital	5711 The Alameda YES NO
3. NAME DF DECEASED (Type or print)	Lest 4. DATE Month Oay Year OF Jan 24 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
Male White WIDOWED DIVORCED	June 23, 1895 To yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even liretired) (no cery luner- Ret. Self inployed 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) Roumainia 12. CITIZEN OF WHAT COUNTRY? U.S.A.
	14. MOTHER'S MAIDEN NAME
Albert Weismann	(lara ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (11 yes, give war or dates of service)	INFORMANT Address
No None	Family Records
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND BEATH
IMMEDIATE CAUSE (a)	1 Charles and the second
Conditions if any which I	
gave rise to immediate	
cause (a), stating the underlying cause last. (c)	
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPANT 20	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
	CE OF INJURY (Home, farm, rry, street, office bidg., etc.) (City or town) (County) (State)
21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion
	icide , Homicide , Undetermined manner
ACTUAL MARIANTANA AND AND AND AND AND AND AND AND AND	CHIEF MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	M.O. 23307311 MEDIOZE EXAMINE
EXAMINER'S Charles O'Donnell	Address (Street, city, town, or county)
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial Jan. 25, 1966 May's Chapel	Cemetery Timonium Maryland 254. REC'O BY REGISTRAN 254. REGISTRAN'S SIGNATURE 1956.
John Burns' Sons Towson, Mary	land FEB 3 1956 Francis Judge



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH NAME OF DECEASED 2. DATE AND HOUR OF DEATH 14 h≡urs ofter death (Type or Print) Jan 24, 1966 Margaret L. Welsh 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution; lesidence before admission) Baltimore County Md. (If not in hospital or institution, give street FULL NAME OF oddress or (pcotion) HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Baltimore D. STREET ADDRESS (Il rurol, give lacation) 6005 Altamont Place 6005 Altamont Place MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. IE Under 24 His. Months: Days Hours lost birthday WIDOWED, DIVORCED specify) 57 Oct 11,1908 Widowed 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Maryland at home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Patrick Lehane Delia Swordx 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS law requires that the death nding physician. SECURITY NO. (Yes, no or unknown)(III yes, give wor or dates of service) Family relords None no CAUSE OF DEATH INTERVAL BETWEEN 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., healt failule, asthenia, etc. It means the disease, attending p injury at camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving 16 PHYSICIAN: T use to the obove couse (A) stating the NINECTAD. After this confificate UNDERLYING CONDITION Inst. 22. I certify that (1) (this baseiral) ottended the deceased from JAN 21 19 66 to FAN 24 In H 21 19 66 and that in (my) (our) opinion death occurred on the date that (1) (well lost sow the deceased alive on and hour and from the couses_stated above. (1) (We) (did) (did not) view the body after death. OR ATTENDING be retained by th 23A. SIGN ATURE 23 B. DATE SIGNED Attending Med. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 3500 N. Calvert St. Edwin Berstock 24A. BURIAL CREMATION, 248, DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) (State) Burial 1-27-66 New Cathedral Cemetery Balto. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Harley Judge 8802 Harford rd. C.F.Evans & XX Son V\$ 150-REV, 1/1/65

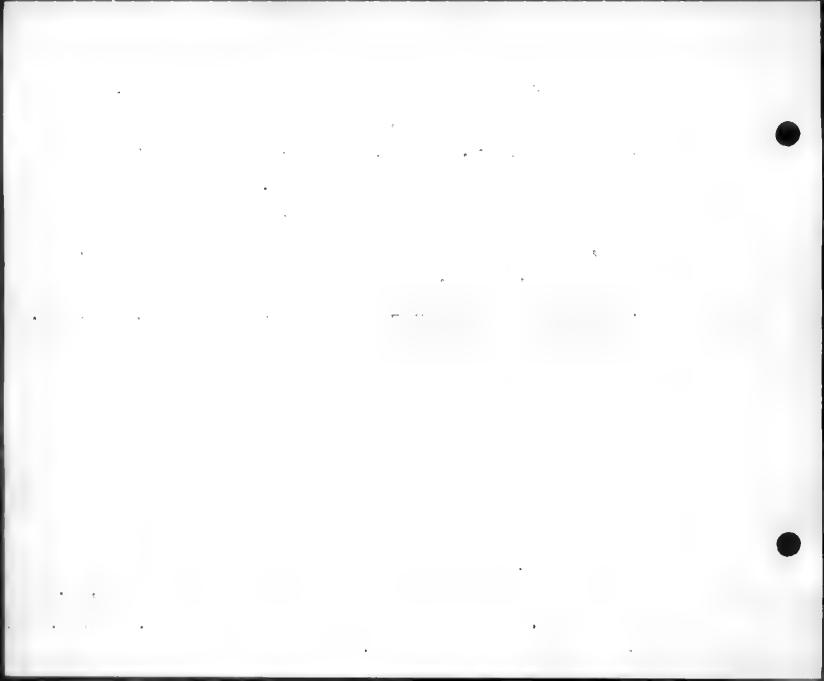


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town). Litrus villes d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give effect address) ON A FARM? NO A Year DATE 3. NAME OF OF DEATH DECEASED 5.3 19 (Type or print) AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS | last b|rthdey) | Months | Days | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED DIVORCED TI./BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA 10a. USUAL OCCUPATION (GIVE kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Mrita Maril 13. FATHER'S NAME MOTHER'S MAIDEN NAME 20 Y File p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) (If yes give war or dates of service) permit. I removal, 72706-INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH LATE EXAMINER: This certificate should be executed the certificate, writing the word "pending" in payould be forwarded to the Chief Medical Exam PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the used as a l undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY CERTIFICATION PERFORMED? YES T NO X 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) 3 should be agent, prior 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 12toul. . 20e PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) at work at work 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry FUNERAL DIRECTOR: I Health or its design Undetermined manner Natural causes X. Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER for your DATE SIGNED Page SIGNATURE DEPUTY MEDICAL EXAMINER please ex director. retained i NAME (Type) Address (Street, city, town, or county) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 40 REMOVAL (Shedify) 0 25b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR! 24. FUNERAL DIRECTOR VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, finish tution: Residence before admission a COUNTY b. COUNTY Poge Baltimore 6 Maryland Baltimore death. MARYLAND delay Deportment b CTY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (I auts de corparate limits, write RURAL and give nearest tawn) ond write RURAL and give nearest town) ofter Dundalk 10 yrs. Dundalk d NAME OF HOSPITA. OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS hours 2110 Merritt Rlvd. 21222 2110 Merritt Blvd. 21222 Stote YES NO TX executed within 24 hours after death along with 3. NAME OF Middle 4. DATE First Last Doy DECEASED ī OF DEATH James White. Jr. (Type or pant) Jan. S SEX B DATE OF BIRTH E UNDER 1 YEAR 9 AGE (n years 6 COLOR OR RACE 7 MARRIED XX NEVER MARRIED last birthdoy) Jan. 8-1922 Male White W DOWED D VORCED Office CV 10a USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during most of working life, even it retired)
Foreman, Bethlehem Steel Co. COUNTRY? U.S.A. Chief Medical Examiner's Texas 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME James D. White Sr. Bertha White IS WAS DECEASED EVER IN ILS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (if yes give wor or dotes of service)
Yes, WW II, Army Air Force 464-20-9667 removal. Wife, Mrs. Ethel E. White, # 2.a.b.c.d. IB. CAUSE OF DEATH (Enter only one couse per line for INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should word cremotion, DUE TO Conditions, if any, which gove ase to immediate couse (a), forwarded to DUE TO stoting the underlying couse PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BEKATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(0) 9 WAS AUTOPSY PERFORMED? CERTIF CATION 0 should be 200 EXTERNAL CAUSE WAS 20b DESCR BE ADW the JRY OCCURRED (Enter noture of injury in Port I or Port II of item IB. prior 3 should PRIMARY TO OF CONTRIBUTING CALSE OF DEATH 20d NURY OCCURRED 20e PLACE OF INJURY (Home, form TIME OF INJURY Month, Doy, Year foctory, street office blda, etc.) FUNERAL DIRECTOR: Poge Not While of work ot wark its designated 21 I certify that I took charge of the remains described above, held an Autopsy [1], Inspection 🔂 and in my apinian the funeral director. Natural causes Suicide 😠 death resulted fram: Accident Hamicide Undetermined manner CHIEF MEDICAL EXAM NER ACTUAL Jan. 12-1966 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 6 **EXAMINER'S** Melvin B. Davis Heolth M.D. 6800 (Mormington and Dundalk, Md. 21222 NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL, CREMATION, 23d LOCAT ON (City or Town) S 0 Jan. 15-1966 Oak Lawn Eastern Ave. Balto. Md. 2122 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE OHN J. DUDA 7922 Wise Ave. Dundalk. Md. 21222 VR A15ME (5) 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1		00488	MEDICAL EX	(AMINER'S	CERTIFICATE O	F DEATH	00480
1		PLACE OF DEATH COLNTY Baltimore	,	MARYLAND	2 USUAL RESIDENCE (V	there deceased lived, if institution b COUNTY	Residence before odmission)
		b CITY OR TOWN (If outside carporate mits, write RURAL and give nearest town) Lagomore	t LENGTH	OF STAY IN 16	Edgemer	tside carporote limits, write RURAL o	and give nearest tawn)
	(d NAME OF HOSPITAL OR INSTITUTION (If not in I	aspital, give street ac	dress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
0		202 Woodland Ave			202 Woo	dland Ave.	YES NO
		NAME OF Farst DECEASED (Type or pnnt) Nathale		Niddle V	lost Villiam	4. DATE Month OF Janu	poy Year
	_	SEX 6. COLOR OR RACE 7 M		DIVORCED DIV	8 DATE OF BIRTH Oct. 5. 1	9 AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HRS
		USUAL OCCUPATION (Give kind of work dane ing mast af warking life, even if retired)	TOP KIND OF BUSIN	ESS OR .	II BIRTHPLACE (State	or fareign country)	12 CIT ZEN OF WHAT COUNTRY?
	13	FATHER S NAME	и.		14 MOTHER'S MAIDEN N		
		Nathhaiel Will	iam Sr.		Melvin	ia Thomlin	
	IS	WAS DECEASED EVED IN C. ADMED ECOCESS	TA COCIAL CECHI	RITY NO 17	INFORMANT	Address	Rd.
	(Ye	s, no ar unknown) (f yes g ve war ar dates af serv			Jennie Wal	ker 2801 Spa	rrows Point
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)		(d).) (Noma	9 LARYN.	Y C	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave (b)	M	etAstA	515		1418
		rise to immediate couse (a). stating the underlying cause DUE TO last. (c)	·				
	TROM	PART I OTHER SIGNIFICANT CONDITIONS CONTRI	BUT NG TO DEATH BU	T NOT RELATED TO	THE TERMINAL DISEASE CON	D TION G VEN IN PART I(o)	19 WAS AUTOPSY PERFORMED? YES NO //
,)	L CERT-FICATION	20g EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	206 DESCR BE JOW	HILLRY OVCLERED	(Enter nature of injury in F	Part Lar Part Lafitem 18)	
	MEDICAL	20x TIME OF N.LRY Manth, Day, Year Haur a.m. p.m. 19	20d INJURY OCCUR While Not W of work gray	hile foot	CE OF INJURY (Hame, farm lary, street, affice bldg., etc.)		(Caunty) (State)
-		21 I certify that I tack charge of	the remaps desc	ribed abave, he	eld an Autapsy [],	Inspection D Inquiry	and in my apinian
		death resulted fram Natural ca	uses 🔃 Accid	ent , Svic	ide , Hamicide	Undetermined mann	ner /
		ACTUAL MORN			CHIEF MEDICAL	EXAMINER	1/2/1/
		SIGNATURE	121		M U	CAL EXAMINER	CHALL DATTE SIGNED
		EXAMINER'S MEB. DAVI'S	MD-	6800/		(gry nown, or couply) Lunde	us manh
		BUR AL, CREMATION, 23b DATE THEREOF		E OF CEMETERY OR		23d LOCATION (City or Town)	(County) (State)
		-/ // 00	Mt.		A STATE OF THE PARTY OF THE PAR	Anne Arunde	
	24	. FUNERAL DIRECTOR	AU MA	DRESS	250. RECD	6 1966 256 REGISTA	RARS S GNATURE
		K+0 30 . 11. 16		6	T DALB IT	0 1000	A

VR A15ME (5)

5 may be retained far your files.

deray is

This certificate should be executed within 24 hours after death If

necessary, please execute the certificate, writing the ward 'panding in placif in Item. I the funeral director. Page 4 should lie forwarded to the Chief Medical Examiners office.

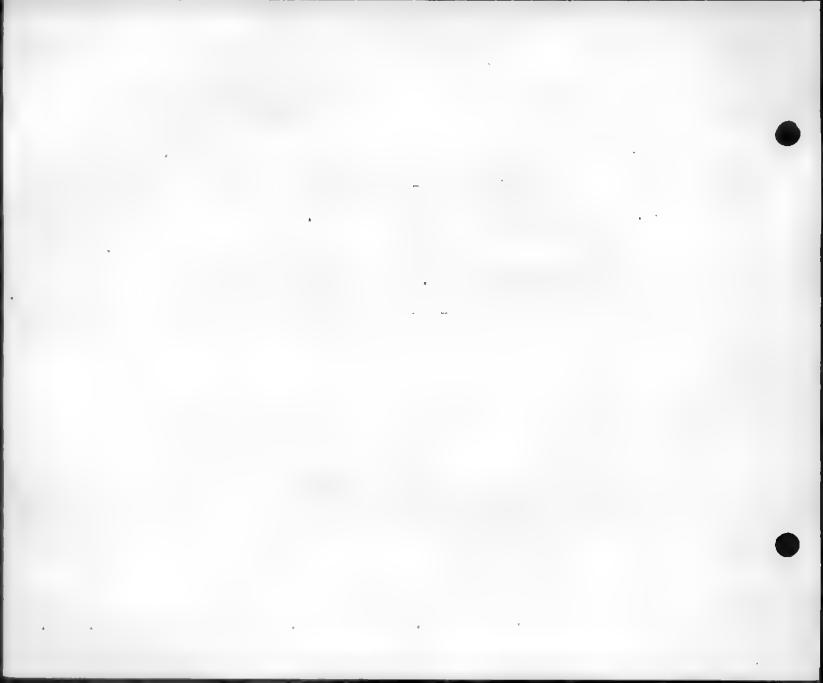
TO DEPUTY MEDICAL EXAMINER:

Prove Pages 1, 2, and 3 ta

page I and 2 with the State Department af.

Teath or its designated agent, priar to bund, cremation, ar remaval, and in any event within 72 haurs after deaths

TE FUNERA DIRECTER: Page 3 shauld be use as a burial-transit permit. File



FOR STATE HEALTH DEPT

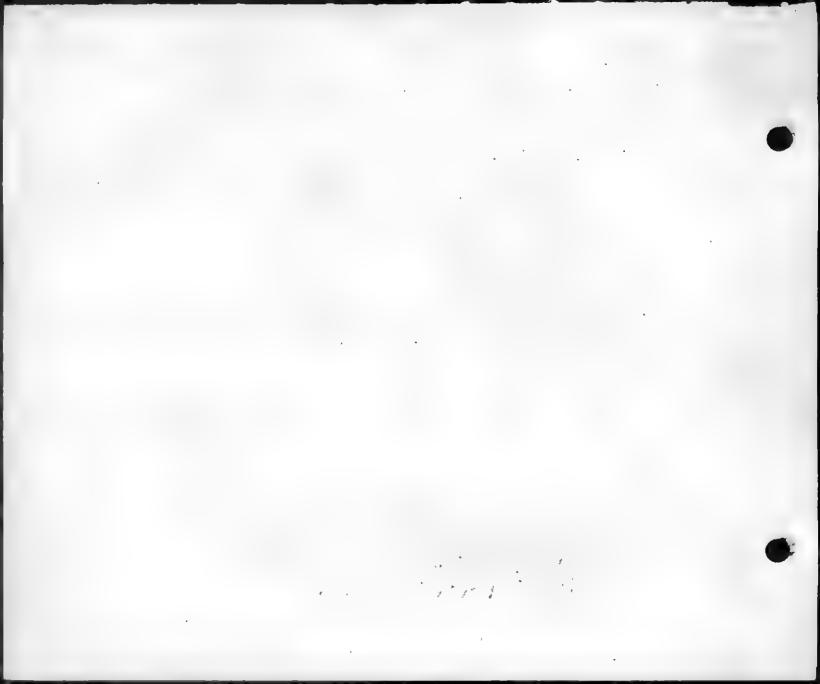
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO BEPUTY MED. EXAMER: This certificate shows be examined within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF BEATTIMORE 1

73

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
o. CDUNTY	a. STATE b. CDUNTY
b. CITY OR TOWN (If outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
BALTIN ORE	BALTINONE 30-4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Berlishen Steel Co. Despenceavy	1301-E-LAFATETTE-AVE ON A FARM?
3. NAME OF First Midgle	Lest 4. DATE Month Day Year
OECEASED (Type or print) TO HN	ILLIAMS DEATH 1 8 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
WIDOWED DIVORCED	3-3/-/9/8 47 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign Country) 12. CITIZEN OF WHAT COUNTRY?
STEEL WORKER BETH. STEEL- CORP	Part 1
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Len Williams	Many Hill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT / Address
(Yes, no, or unknown) (If yes give war or dates of service)	Va Williams 1301E. La savette Ave.
18. CAUSE DF DEATH [Enter only one cause pendine for (e), (b), eryf (f).)	/ INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8)	man Occluser ONSET AND DEATH
4201 DUE TO	
Conditions, if any, which \ (b)	0
gave rise to immediate (cause (s), stating the DUE TO	
underlying cause last. (c)	
	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ССАТИ	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
GUSE OF DEATH.	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL fact While p.m. 19 at work at work	
21. I certify that I took charge of the remains described above, he	eld an Autopsy , Inspection Inquiry , and in my opinion
death resulted from: Natural Pauses Accident , St	ricide, Homfcide, Undetermined manner
De Clair	CHIEF MEDICAL EXAMINER
SIGNATURE MICH. (CULTUS)	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S TILE CON ALLOCAN	DEPUTY MEDICAL EXAMINER
NAME (Type)	Y DR CREMATORY 23d. LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CHEMATORY 230. LOCATION (City, town of county) (State)
24_ FUNERAL DIRECTOR ADDRESS	25a. AEC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
P. 1. C. 10 P. M. P. W. C. D. +	
YUKKENIY CHELICKIHI22 Phanen	DATE VAN 14 1055 Million And Junge.



23a.

BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE THEREOF

1/4/66

24 FUNERAL DIRECTOR Funeral Home, Inc. 3331 Brehms Lane

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR							
		RTIFICATE			""UT 81		
1.	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE a. STATE Md.	E (Where deceased lived, If Institution: 8 b. COUNTY	Residence before admission)		
	write RURAL and give nearest town) Catonsville	OF STAY IN 1b	Baltimo	outside corporate limits, write RURAL	4		
(d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give		d. STREET ADDRESS 4607 AS	sbury Ave.	6. IS RESIDENCE ON A FARM? YES NO X		
3.	NAME OF DECEASED (Type or print) CATHERINE WI	LSON	Last	4. DATE Month OF DEATH ! - Z -	Day Year 6 6		
	F WIDOWED 1	IVORCED	. DATE OF BIRTH 11/5/1875	ast birthday) Months yrs.	Days Hours Min.		
	USUAL OCCUPATION (Give kind of work done in Dustry at home	NESS OR	Mancheste	er, Md.	ITIZEN OF WHAT OUNTRY?		
	FATHER'S NAME William Miller			da Garbick			
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU., no, or unknown) (If yes give war or dates of service)		INFORMANT 1ph E. Will	Address lson, son, above			
	// 3 /		L INFAI	RCT	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO	os clei	Rotic CAR	LDIOVASCULAR DISEA	\$E		
ATION	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELAT	1	DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?		
CERTIFICATION			RRED. (Enter nature of	Injury in Part 1 or Part II of Item 18			
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour s.m. While at work at work at work	le - factor	E OF INJURY (Home, fa y, street, office bldg., e	tc.)	unty) (State)		
				A_M, from the causes and on t			
	Ceray Valle Covers	M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.	- 2-GJ766		
	22c. PHYSICIAN'S LEGAR VALLE CAU	ERO	36 29 /	BELLIBERTY 1	26		

NAME OF CEMETERY OR CREMATORY

Mt.Olivet Cemetery

LOCATION (City, town or county)

25a. REC'D BY REGISTRAR

DATEAN 5

Baltimore, Md.

By REGISTRAR 256. REGISTRAR'S SIGNATURE

1000 Theory of Judge

(State)

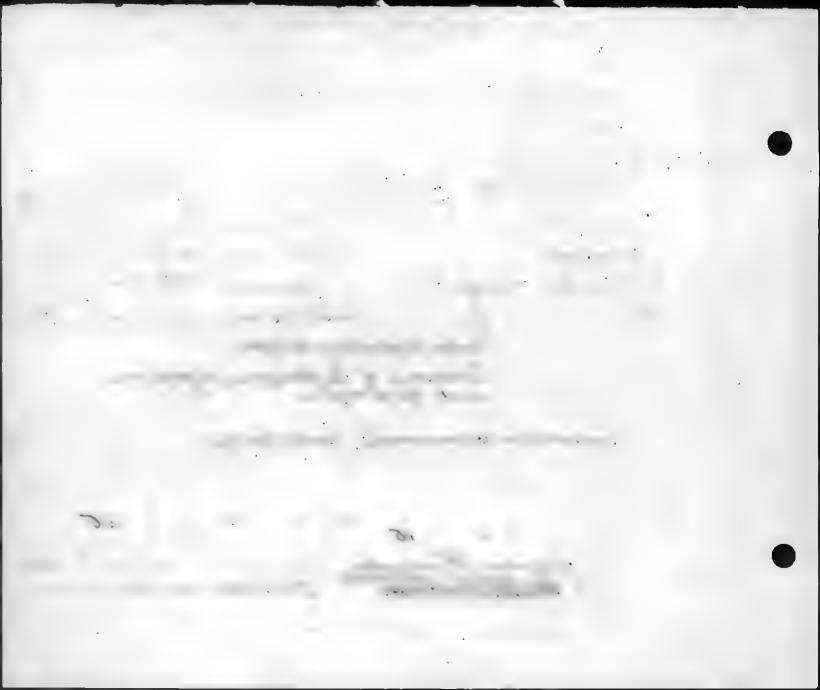
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

OF DETAIL OF DEATH 00490

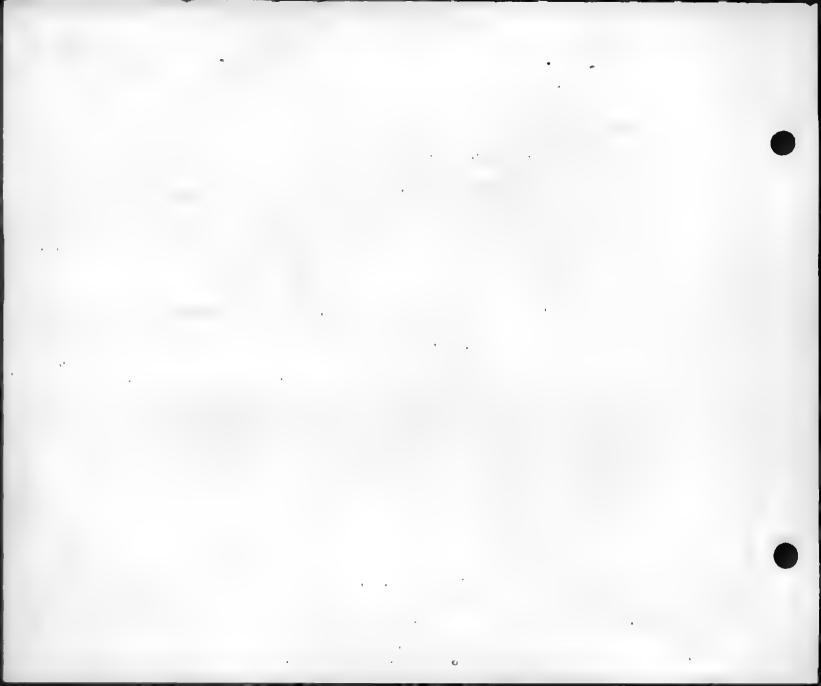
eat	eat a	W /	1.		2. USUAL RESIDENCE (Where deceased lived, If institution: Re	esidence before admission)
	1 a			a. COUNTY MARYLAND	3 S. STATE MARINE B. COUNTY	1 21117
afte	by the f Pages 1 urs after		_	b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1)	b c. CITY OR TOWN (If outside corporate limits, write RURAL)	and give nearest town)
2	C O			write RURAL and give nearest town)	1 2	U
은 4	led i sers. 72 h			d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	s) d. STREET ADDRESS	8. IS RESIDENCE
24	letely filled in rbon papers. , within 72 h	-/	1	4 Bmc	*	ON A FARM?
ji.	letely rbon with		3.	NAME DF First Middle Jann	10++ Last 4. DATE Month	Day Year
d withi	Fasti			(Type or print) CAPIST, WE JENNETTE	WISE DEATH JUEN.	2 1966
executed	and cor remove n any ev		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years if UNDER 1 last birthday) Months I	YEAR IF UNDER 24 HRS. Oavs Hours Min.
xec	and emo			WIOOWED DIVORCED	5-24-93 72 yrs.	Days Hours with
е п			10a	D. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY		TIZEN OF WHAT
A POPULAR	lysiciar please I, and i			Howewoll	Ballemore Marshend	NSA
Ca	val,		13	FATHER'S NAME	14 MOTHER'S MAIOEN NAME	
	Iding put Then removal		- 6	Villian Xertert	Jennie Mc Ken) .
Ö	attendi rmit. n, or re		15 (Yo	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 es, no, or unknown) (If yes give war or dates of service)	. INFORMANT Address	21206
death	e ati perm ion, (no	ouls Bankers 6202 Earl	ein Rebry
e d	世にま		_	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	, ,	INTERVAL BETWEEN
t th	ed by trans			PART I. DEATH WAS CAUSED BY: Cardio plylical	DLY COLAPIL	ONSET AND DEATH
tha	94-			1442 OUE TO A -	9,11	
res	sign burial burial			Conditions, if any, which (b) Carclicona of	the pharyux, hipophanix	
ing	he to			gave rise to immediate cause (a), stating the OUE TO Qued lyipha.	eyers of	
w r	as t as t prior		÷=	underlying cause last. (c)	<i>σ</i> /	
e a			101	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	LATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
E 5	ficate for use		7.ICA	Experation preumonely,	lioth lungs	YES NO 🔀
SICIAN: hospita	of drift		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of inputy in Part I or Part II of Item 18.)	
HYSI e h	this contestable Dept.				LACE OF INJURY (Home, farm, 20f. (City or town) (Coun	nty) (State)
三年	er t e de		MEDICAL	Hour a.m. While - Not While fac	ctory, street, office bldg., etc.)	
N P	Aft D St		Σ	p.m. 19 at work at work	11) 11 20/54 1 7 20	11-4 (1) () ()
rEN	OR:			21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 12 2 19 2 and the	nat death occurred atM, from the causes and on th	that (I) (we) last
AT	S st with			22a. SIGNATURE		TE SIGNED
OR be	Dige			Janua Tung do	A.D. ATTENDING MED. MED. STAFF PHYS.	7. 1966
TAL	7 8 2	4		220. PHYSICIAN'S UR ROBERT CHAMBER	S 22d. ADDRESS	21100
OSPI ze 4	FUNERA rector, rould be	0		NAME (Type)	836 PARK AUG BAUT	O, Md
Page .	O FUN direct should	A	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify)		nty) (State)
-	- (M		Burial 1/5/66 Loudon Par	k Cemetery Baltimore, Md.	CLONATURE
		8	24	Funeral director 3331 Brehms Larageress	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	A15 (4)	4	-	Chiming Per Staudal	OATE AN 5 1968 1- 1001	1 -



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral death. death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages. 1 a. STATE h. COUNTY Baltimore Maryland
c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours Baltimore Towson .Ξ e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 914 W. University Parkwhyes NOT Chesapeake Manor Nursing Home completely i within 3. NAME OF DATE Middle Last OF DEATH DECEASED and complet remove carb I any event, 1 Reynolds (Type or print) Julia Wood 26 19 66 executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX last birthday) | Months | Days Hours /1894 WIDOWED [**DIVORCED** 12. CITIZEN OF WHAT COUNTRY? .= 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) ician Jase r during most of working life, even if retired) þ INDUSTRY and Housewife Own Home Balto Ten Die law requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ada (Dr. George B. Reynolds
15. WAS DECEASED EVER IN U.S. ARMEDFORCES? | 16. SOCIAL SECURITY NO. attending rmit. Campbell Fiske Address (Yes, no, or unkown) (If yes give war or dates of service) this certificate has been signed by the at detached for use as the burial-transit pern e Dept. of Health prior to burial, cremation, .2-01-2948B William Appold Wood INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] DEATH WAS CAUSED BY: the hospital or attending physician. Cerebral Thrombosis days IMMEDIATE CAUSE (a) DUE TO Generalized Arteriosclerosis Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART I), OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 📆 YES [Malnutrition, due to faulty eating habitw PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) DIRECTOR: After age 3 should be diffed with the State While Not While at work retained by deceased from Sept., 1956, toTan. 26, 1966, that (I) (we) last 1966, and that death occurred at 8p. M, from the causes and on the date stated above. 21. I certify that (I) (this hospital) attended the deceased from Sept. 26 saw the deceased alive on. Jan 22b. DATE SIGNED 22a. SIGNATURE o FUNERAL DIRE director, page 3 should be filed w Jan. X PHYS. DIRECTOR PHYS. may O HOSPITAL PHYSICIAN'S NAME (Type) John ADDRESS 22c. Page 4 1 Ave. Balto -- 10 Scott. 600 Belvedere BURIAL, CREMATION, 23b. REMOVAL (Specify) 23d. LOCATION (City, town or county) (State) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2 Baltimore Registrar's SIGNATURE Burial FUNERAL DIRECTOR oudon Park REC'D BY REGISTRAR | 25b. ADDRESS undal 905 York Co. H.W.Jenkins Sons 28 1966 VR A15 (4) 20M 1/65



SINESS FORMS, INC., BALTIMORE, MU. 21201



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00493	CERTIFICA	IE OF DEATH	*	00385				
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	L COUNTY -					
Balthore	MARYLAND	. STATE Md.	b. COUNTY Bal	timore				
 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora		give nearest town)				
TOWSON	5 yrs.	Towson, Md.	\$ 21204	(
d. NAME OF HOSPITAL OR INSTITUTION (if not to 914 Southerly Rd. Town		d. STREET ADDRESS	-3	e. IS RESIDENCE ON A FARA?				
3. NAME OF first		914 Southerly R		Pay Yes NO				
DECEASED	id Xylander	Last 4. DATE OF DEATH	Month 1,13,66	50,				
		4	AGE (In Yours IF UNDER 1)	19 YEAR IF UNDER 24 HRS.				
M T.T	OWED THE DIVORCED			Pays Hours Min.				
10m. USUAL OCCUPATION (Give kind of work 10	Ob. KIND OF BUSINESS OR INDUSTR		eign country) 12. CfTI	ZEN OF WHAT COUNTRY?				
Fireman	Baltimore City	Baltimore, Md		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
John X ylander		Barbra Ann						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	•				
Yes L	217 26 1961	Daniel H. Steinme	ier, Towson,	Md.				
18. CAUSE OF DEATH (Enter only one cause	per line for (a), (b), end (c).]	- 0		ONSET AND DEATH				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary	Thrombosis		_				
4.27.1 DUE TO	0							
Conditions, if any, which (b)								
(e), stating the underlying DUETO								
Z PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T BELATED TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART	I WAS AUTOPSY				
OF THE STATE OF TH	CONTROL TO DIAMEDO TO	I RECUES IN THE LEMMINAR SINCOR SO	THE THE WATER TO THE	PERFORMED?				
PART II OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II o	of item 1B.)	110 [] 110 12				
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		to tend the second of injury in the contract of the contract of	,,					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State)								
Hour a.m. While Not While factory, street, office bldg., etc.)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or fown) (County) (State) While Not While at work 19 at work								
saw the deceased alive on		death occurred at 12.13.M, from the						
22a. SIGNATURE	1 .	ATTENDING MED,	STAFF	22b. DATE SIGNED				
m. x. Q	unn "	.D. PHYS. Z DIRECTOR	PHYS.	1-13-66				
22c. PHYSICIAN'S NAME (Type)	DIVINA 1	D 1927 YORK R	2 TIMONIA	in Mol				
	YUMMY ME		11/201110	710				
238. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	Do 1+	imore, Md.) (Stete)				
Burial 1,17,66	Louden Park	*	AR 256. REGISTRAR'S S	IGNATURE				
24 FUNERAL DIRECTOR'S SIGNATURE Wm. Gook-Brooks Towson	,1050 York Rd,212	204 PAN 17 199	6 11 montes	Judge				
		I PAIL	- 11	11				

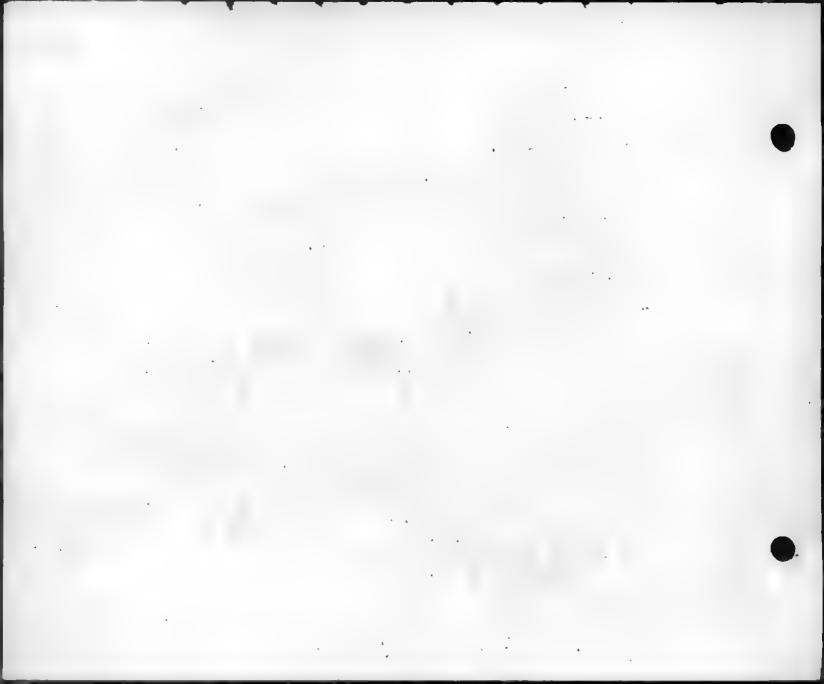
VR A15 (4) 20M 5-63



TO HOSPITAL OR MITERIARING FEVEROLIES. The law remained the death certificate La executed within 24 limurs after abouth. Page 4 may be retained by the hospital or attending physician.

		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH
# × ×	,	00494 CERTIFICATE OF DEATH 00486
completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death.	1.	PLACE OF BEATH a. COUNTY Dattimore
filled paper in 72		366 Glen Arm Rd. 366 Glen Arm Rd. VES□ NO 🗵
npletely carbon ent, with		NAME OF DECEASED (Type or print) Name OF DeceaseD (Type or print) Name OF DeceaseD (Type or print) Name OF Death 1/31/66 Day Year DeceaseD (Type or print)
the stending physician and the servence ation, or removal, and to any	10a dur	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 YEAR IF UNDER 24 HR: Jemale White WIDOWED DIVORCED 2/5/1884 Sast birthday) Months Days Hours Min. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 12. CITIZEN OF WHAT
ECTOR: After this certificate has been signed by 3 should be detached for use as the burial-tramsi with the State Dept. of Health prior to burial, crem	CERTIFICATION	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
this cert etached Dept. of		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
TO FUNERAL DIRECTOR, After the director, page 3 should be de should be filed with the State	MEDICAL	Burial 2/3/66 Highland Memorial Knox Co. Tennessee
A15 (4)	- 3	eonard J. Ruck Inc. 5305 Harford Rd. EFB 3 1966 Francisco 250 Registrar's Signature

VR .



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed whim 24 hours after may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death.

TO HOSPITAL death, Page	TO FUNERAL	be filed with it	
	٧R	A15	[4]
	15/	4 7.	62

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
0495
CERTIFICATE OF DEATH
11 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)

1	e. COUNTY MARYLAND				2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission) a. STATE B. COUNTY b. COUNTY 1. Linore							
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	Reister	give nearest town) s town		14 years	Reist	cerstow	n		03-1			
	d. NAME OF HOSPIT	AL OR INSTITUTION	if not in ho	spitel, give street eddress)	d. STREET ADD	DRESS			a. IS RESIDENCE ON A FARM?			
5	Box 334	, Nicodem	nus R	d.	Box 3	334, Ni	codemus	Rd.	YES NO			
3	. NAME OF	First		Middle	Last	4. DAT	E Mon	ih Di	y Yeer			
	(Type or print)	Gree	-	Elizabeth	Yox	OF DEA	TH Janua	ry l	1, 19 66			
3	i. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In year					
13	Female	White	WIDOW	ED DIVORCED A	ug. 18,	1880	85 уга,	Months Day	Hours Min.			
	Da. USUAL OCCUPATI	ON (Give kind of work	10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(County & State	, or foreign country	12. CITIZEN	OF WHAT COUNTRY?			
Ι.	Housewi		aj		Texas	, Meryl	.and	T.	S. A.			
1	13. FATHER'S NAME				14. MOTHER'S MA	AIDEN NAME	- or					
b	Eli Poe				Annie	Ambros	e					
	5. WAS DECEASED EVI			SOCIAL SECURITY NO. 17.			Addra	15				
1	Yes, no, or unkown) (H	lyas give weror detes of a	ervice)	Mrs	.Edwin S	Shinley	17/126	Peist	enstown R			
=		EATH (Fater only one	Cause Dar	line for (a), (b), and (c)-)	9 page 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Wines F	1118.11	INTERVAL BETWEEN			
	PART I. DEATH	WAS CAUSED BY:	As	teriosclerotic	C-V Dise	ase			ONSET AND DEATH			
н	4221	DUE TO										
Т	Conditions, if any	, which) (b)										
Т	gave rise to immadi	ete ceuse										
1	(a), stating the us	ngerlying						-				
NOW PORTEGO		(c) (c) (c)	TIONS CO	ENTRIBUTING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISE	ASE CONDITION G	IVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO X			
		AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCURED	Enter neture of inj	jury in Part 1 or P	ert (i of item 18.)					
100000	20c. TIME OF INJU Hour e.m. p.m.		Whi	la Noi While fec	CE OF INJURY (Hon lory, street, office bld		(City or town)	(County)	(Steta)			
ı	21. I certify that (I) (INXXXXXIII) attended the deceased from 9-20-58 19 10 1-4-66 19 19 19 19 19 19 19 19 19 19 19 19 19											
	22e, SIGNATURE			/	ATTENDING_	MED.	STAFF		22b. DATE SIGNED			
1	95.	Di Can	1.1	CA- N		DIRECTOR	PHYS.		1-5-66			
1	22c. PHYSICIAN'S NAME (Type)	D. D. Car	les,	M. D.	22d. ADDRES 6 Ha		., Reist	erstown,	Md.			
ilea	Se. BURIAL, CREMATI REMOVAL (Specify)	ON, 236. DATE THE	REOF	Holy Femil			Herrie		(Stete)			
2	FUNERAL DIRECTOR	Signature Substicle	2	ADDRESS Owings il		SO, REC'D BY RI	1966 F	EGISTRAR'S SIG	NATURE Judge			

ERS DH PRINCIPLE VIOLENCE SCHOOLSCHOOL CONTRACTOR THE RESERVE OF THE PERSON OF T National Company of the Company of t thrower has determined and D. C. Carrier, N. D.

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH	
CERTIFICATE OF REATI	
	-
CERTIFICATE OF DEATH	

00488

60496			CERTIFI	CAI	E OF DEAT	The court		Reg.	Dist. No		0 200
1. PLACE OF DEATH o. COUNTY	Baltimor	е	MARYLAI		USUAL RESIDENCE (M	where deceased ryland	lived. If instragt b. COUNTY	ion: Resid		ore admis	ision)
	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)			16	c. CITY OR TOWN (IF	outside carpo	rate limits, write R	URAL and	grug ne	erest fow	m) to the
Popu	lar		Life		Baltimon	re Co.		19	4.7	Bub	16000
d. NAME OF HOSPI	TAL (If not in hospital, gi	ve street o	ddress)		d. STREET ADDRESS				30	e. by RE	SIDENCE & FARM?
	Bird River	r Roa	d	1	Rt #16 Box	240 I	Baltimore	20	V	YES [] No Do
3. NAME OF DECEASED	Firs		Middle		lost	4. DATE	Man	th	Do	-	Yeor
(Type ar print)		nry	Louis		Zwick	DEATH	1		2		19 66
5. SEX	TTW 4 .		ED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthday)	Manths		Hours	ER 24 HRS.
Male		WIDOWED	Tread .		1-25-1894		(2 yrs.			-	1974
during most of wor	ON (Give kind of work di king life, even if refired) S Mfg.	one 10b. K	IND OF BUSINESS OR I	NDUSTRY	Baltimo				U.S.		COUNTRY
13. FATHER'S NAME											-
	Christian	Loui	s Zwick		Annie	Sophia	Greiffa	hn			
15. WAS DECEASED EVE	R IN U. S. ARMED FORC	ES7 16. S	OCIAL SECURITY NO.	17. INFO	RMANT	-	Add	ress		20	
No	(if yes, gave was or dates or ter	2	12-01-0926	John	n Simon Rtl	16 Box	240 Balt	imor	e, Ma	aryla	and
18. CAUSE OF DEA	ATH [Enter only one cou	se per line	for (o), (b), and (c).						INT	ERVAL BE	TWEEN
PART I. DEA	PART 1. DEATH WAS CAUSED BY: Me Has Fathe Caremond ONSET AND DEATH										
154	Y DUE TO		1	1	0 .		0 -	+		~	h
Conditions, if a		ple	malang	70	Carcin	mea	- (K20)	tur	N	XM	month
	gove rise to immediate couse (o), stoling the under-										
lying cause lost.											
PART II. OTH	HER SIGNIFICANT COND	OITIONS CO	ONTRIBUTING TO DEATH	BUT NO	TRELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	PERFC	DRMEDS
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED, (E	nter nature of injury in	Part I or Port	t II of item 18.)				
20c, TIME OF INJUI Hour a. m. p. m.	RY Manth, Day, Yea 19	r 20d. IN. While at work	Not while	e. PLACE foctory.	OF INJURY (Home, for , street, office bldg., e	m, 20f. (City lc.)	or town)		(County)		(State)
21. I certify th	nat I attended the	decease	d fram	48	. 1964, to	1/2	8 . 1966	Zthat I	fast so	w the	deceased
alive on	1/22	196	/	eath oc	curred at	M. fron					
1/	0 -	5	h 1	Λ Λ			reet, city or town,				ATE SIGNED
SIGNATURE	andt	1 (Mich, V	MA.D.	3350 Wilke	ens Ave	enue			28	166,
PHYSICIAN'S NAME (Type) K	arl F. Mech	, M.D),		Baltimore	, Mary	land 2122	9			
220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREOI	F	22c. NAME OF CEMETE				ION (City, lawn, o	or county)		(Stot	e)
Burial	1-31-1960	5			ith Cemeter		timore,	Co.		Md	
23. FUNERAL DIRECTOR	'S SIGNATURE	V	ADDRESS	. 63	36) 240. REC	D BY REGIST	RAR 246. REGIS	STRARS	IGNATUI	E ()	udge

